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| Fill in this information to identify your case: | | |
|---|--|-----------------------------------|
| United States Bankruptcy Court for the: Northern District of: Illinois (State) | | |
| Case number (if known) | Chapter you are filing under: Chapter 7 | |
| | Chapter 11 Chapter 12 Chapter 13 | Check if this is a amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | | | |
|--|---------------------------------|---|--|--|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| Your full name Write the name that is on | Carl First name E. | First name | | |
| your government-issued picture identification (for example, your driver's license or passport | Middle name Dobbins Last name | Middle name Last name | | |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) | | |
| All other names you have used in the last 8 years | First name | First name | | |
| Include your married or | Middle name | Middle name | | |
| maiden names. | Last name | Last name | | |
| | First name | First name | | |
| | Middle name | Middle name | | |
| | Last name | Last name | | |
| 3. Only the last 4 digits of your Social | XXX - XX3898 | xxx - xx- | | |
| Security number or federal Individual | OR | OR | | |
| Taxpayer Identification number (ITIN) | 9 xx - xx- | 9 xx - xx- | | |

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| Debtor 1 Carl First Name | E. Middle Name | Dobbins Last Name | Case number (if known) |
|--|---------------------------|---|---|
| | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. Any business names and Employer | I have not used any | business names or EINs. | I have not used any business names or EINs. |
| Identification Numbers (EIN) you have used in the last | Business name | | Business name |
| 8 years Include trade names and | Business name | | Business name |
| doing business as names | EIN | | EIN |
| | EIN | | EIN |
| 5. Where you live | 10737 S Prarie | | If Debtor 2 lives at a different address: |
| | Number Street Apt 1 | | Number Street |
| | Chicago Illino City State | | City State Zip Code |
| | Cook County | | County |
| | | s is different from the one ote that the court will send ar ling address. | |
| | Number Street | | Number Street |
| | City S | State Zip Code | City State Zip Code |
| 6. Why you are choosing this district | Check one: | | Check one: |
| to file for bankruptcy | | ys before filing this petition, I has need than in any other district. | t. lived in this district longer than in any other district. |
| | I have another reason | n. Explain. (See 28 U.S.C. §§ · | 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | | |
| | | | |
| | | | |
| | | | |

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| Debtor 1 Carl | E. | Dobbins | | Case number (if kno | own) | |
|---|---|---|--|--|--|--|
| First Name | Middle Nam | | | | | |
| Part 2: Tell the Court Abo | ut Your Bankrup | tcy Case | | | | |
| The chapter of the Bankruptcy Code you are choosing to file under | | brief description of each, see B2010)). Also, go to the top o | | | | ndividuals Filing for |
| 8. How you will pay the fee | more details cashier's che may pay with I need to pay Individuals to include may, but the official poyou choose to | entire fee when I file my about how you may pay. Ty ck, or money order. If your a credit card or check with the fee in installments. If a Pay Your Filing Fee in Install the my fee be waived (You rut is not required to, waive overty line that applies to you his option, you must fill out and file it with your petition | ypically, if you attorney is so a pre-printed you choose stallments (Omay request your fee, an our family sint the Application | ou are paying the submitting your ed address. e this option, sig official Form 103 this option only d may do so only ze and you are u | e fee yourself, payment on y gn and attach to A). If you are filing the your incomments of | you may pay with cash, our behalf, your attorney the Application for ang for Chapter 7. By law, a me is less than 150% of the fee in installments). If |
| 9. Have you filed for bankruptcy within the last 8 years? | No. ✓ Yes. District District District | Northern District of Illinois | When When When | 6/5/2015 MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number | 15-19837 |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor District Debtor District | | When When | MM / DD / YYYY | Relationship to Case number, Relationship to Case number, | if known |
| 11. Do you rent your residence? | ✓ No. | e 12. r landlord obtained an eviction Go to line 12. Fill out <i>Initial Statement About</i> this bankruptcy petition. | | | st You (Form 10 | 1A) and file it with |

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Dobbins Debtor 1 Carl Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Carl E. Dobbins Case number (if known)

First Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. Disability. My physical disability causes me to My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Carl First Name | E. Middle Name | Dobbins Last Name | Case number (if known) | |
|---|--|--|---|--|
| | estions for Reporting Purpo | | | |
| 16. What kind of debts do you have? | 16a. Are your debts prima "incurred by an individed of the line 16b. Yes. Go to line 17b. 16b. Are your debts prima money for a business No. Go to line 16b. Yes. Go to line 16b. Yes. Go to line 17b. | rily consumer debts dual primarily for a pe rily business debts? or investment or thre | ersonal, family, or household be a serviced by Business debts are debts the bugh the operation of the bught consumer debts or busine | purpose." nat you incurred to obtain siness or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid the | pter 7. Do you estimate | | y is excluded and administrative reditors? |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | | 5,000 [10,000 [-25,000 [| 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$10,00 \$50,00 | 0,001-\$10 million [00,001-\$50 million [00,001-\$100 million [000,001-\$500 million [| \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. How much do you estimate your liabilities to be? | ▼ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million | \$10,00 \$50,00 | 0,001-\$10 million [00,001-\$50 million [00,001-\$100 million [000,001-\$500 million [000,00 | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 7: Sign Below | Lhave eveninged this petition | a and I dealars unde | r papalty of parium, that the | nformation provided is true and |
| For you | correct. If I have chosen to file under of title 11, United States Counder Chapter 7. If no attorney represents me out this document, I have of I request relief in accordance I understand making a false | r Chapter 7, I am awande. I understand the and I did not pay or otained and read the e with the chapter of statement, concealing cy case can result in | are that I may proceed, if eliginal relief available under each conditions agree to pay someone who notice required by 11 U.S.C title 11, United States Codeing property, or obtaining mo | ible, under Chapter 7, 11,12, or 13 hapter, and I choose to proceed is not an attorney to help me fill . § 342(b). |
| | * | · | × | |
| | /s/ Carl Dobbins Signature of Debtor 1 | | Signature of Debt | or 2 |
| | Executed on 7/19/20 |)18 / DD / YYYY | Executed on _ | MM / DD / YYYY |

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| Debtor 1 Carl | E. | Dobbins | Case number (if) | known) |
|--|----------------------------|---------------------------------------|-----------------------------|---|
| First Name | Middle Name | Last Name | | |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 12 | , or 13 of title 11, United | ave informed the debtor(s) about d States Code, and have explained the lso certify that I have delivered to the |
| If you are not | debtor(s) the notice requ | ired by 11 U.S.C. § 3 | 342(b) and, in a case in v | which § 707(b)(4)(D) applies, certify that I |
| represented by an | . , | | . , | ules filed with the petition is incorrect. |
| attorney, you do not | · · | , , , , , , , , , , , , , , , , , , , | | |
| need to file this page. | /s/ Elizabeth Placek | | Date | 7/19/2018 |
| | Signature of Attorney f | or Debtor | | M / DD / YYYY |
| | | | | |
| | | | | |
| | Elizabeth Placek | | | |
| | Printed name | | | |
| | Communa d. L. avv. Firms | | | |
| | Semrad Law Firm Firm name | | | |
| | | | | |
| | 20 S. Clark Street | | | |
| | Street | | | |
| | 28th Floor | | | |
| | | | | |
| | Chicago | | Illinois | 60603 |
| | City | | State | Zip Code |
| | Contact phone | 3124477838 | Email address | eplacek@semradlaw.com |
| | | | Illinois | |
| | Bar number | | State | |

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| Fill in this infor | mation to identify your c | ase: | |
|---------------------------|---------------------------|-------------|----------------------|
| Debtor 1 | Carl | E. | Dobbins |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois |
| | | | (State) |
| Case number (If known) | | | |

| П | Check if this is an |
|---|---------------------|
| _ | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--|--------------------------------------|
| I. Schedule A/B: Property (Official Form 106A/B) | \$0.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | Ψ0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$9,497.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$9,497.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$14,693.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$9,368.97 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | ' ', |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$12,907.90 |
| Your total liabilitie | \$36,969.87 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) | \$2,558.83 |
| On a construction of the discount for the first of the discount for the di | Ψ2,030.00 |
| Copy your combined monthly income from line 12 of Schedule I | |
| 5. Schedule J: Your Expenses (Official Form 106J) | \$2. |

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| Deb | otor 1 Carl | E. | Dobbins | Case number (if known) | | | | | | |
|-------------|--|--|---|---|------|--|--|--|--|--|
| | First Name | Middle Name | Last Name | | | | | | | |
| Part | 4: Answer These Qu | estions for Administrati | ive and Statistical Record | s | | | | | | |
| 6. A | re you filing for bankrupto | cy under Chapters 7, 11, or | 13? | | | | | | | |
| | No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes. | | | | | | | | | |
| Ŀ | Yes. | | | | | | | | | |
| 7. W | /hat kind of debt do you h | ave? | | | | | | | | |
| [| | | mer debts are those incurred by ill out lines 8-10 for statistical pu | an individual primarily for a personal, urposes. 28 U.S.C. § 159. | | | | | | |
| | Your debts are not pri this form to the court wi | | u have nothing to report on this | part of the form. Check this box and su | bmit | | | | | |
| | 3. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$0.00 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | | | | | | | | | |
| 9. | Copy the following speci | by the following special categories of claims from Part 4, line 6 of Schedule E/F: | | | | | | | | |
| | From Part 4 on Schedule | E/F, copy the following: | | Total claim | | | | | | |
| | 9a. Domestic support oblig | gations (Copy line 6a.) | | \$0.00 | | | | | | |
| | 9b. Taxes and certain other | r debts you owe the governr | nent. (Copy line 6b.) | \$0.00 | | | | | | |
| | 9c. Claims for death or per | sonal injury while you were i | ntoxicated. (Copy line 6c.) | \$0.00 | | | | | | |
| | 9d. Student loans. (Copy I | ine 6f.) | | \$0.00 | | | | | | |
| | 9e. Obligations arising out priority claims. (Copy line 6 | | r divorce that you did not report | as \$0.00 | | | | | | |
| | 9f. Debts to pension or pro | ofit-sharing plans, and other | similar debts. (Copy line 6h.) | \$0.00 | | | | | | |
| | | | | | | | | | | |

\$0.00

9g. Total. Add lines 9a through 9f.

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| Fill in this | information to identify your c | ase: | | | |
|--|--|---|--|---|--|
| Debtor 1 | Carl | E. | Dobbins | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if fi | ling) First Name | Middle Name | Last Name | | |
| United Sta | ates Bankruptcy Court for the: | Northern | District of Illinois | | |
| Case num | ber | | (State) | | |
| Officia | ll Form 106A/B | | | | Check if this is an amended filing |
| | dule A/B: Prope | ertv | | | 12/ |
| category v responsibl write your | where you think it fits best. I e for supplying correct infor name and case number (if I | Be as complete and acc mation. If more space is known). Answer every qu | sset only once. If an asset fits in mor urate as possible. If two married peo needed, attach a separate sheet to lestion. Other Real Estate You Own or H | ole are filing together, both a this form. On the top of any a | re equally |
| 1. Do you | own or have any legal or e | quitable interest in any r | esidence, building, land, or similar p | roperty? | |
| ✓ | No. Go to Part 2 | | | | |
| | Yes. Where is the property? | | | | |
| 1.1 | Street address, if available, or | other description Si | is the property? Check all that apply. ngle-family home | the amount of any secu | claims or exemptions. Put red claims on Schedule D: ims Secured by Property. |
| | | <u> </u> | uplex or multi-unit building ondominium or cooperative | Current value of the | Current value of the |
| | | <u> </u> | anufactured or mobile home | entire property? | portion you own? |
| | | <u> </u> | and | | |
| | Number Street | In | vestment property | Describe the nature o interest (such as fee s | |
| | City State | | meshare ther | the entireties, or a life | |
| | Oily State | Who | has an interest in the property? Chec | | mmunity property |
| | | one. | alatan di anti- | | |
| | | | ebtor 1 only | | |
| | | <u> </u> | ebtor 2 only ebtor 1 and Debtor 2 only | | |
| | | <u> </u> | t least one of the debtors and another | | |
| | | | r information you wish to add about t | his item, such as local | |
| | | | erty identification number: | | |
| If you | own or have more than one, I | | | | |
| 1.2 | | | is the property? Check all that apply. | | claims or exemptions. Put red claims on Schedule D: |
| 1.2 | Street address, if available, or | other description | ngle-family home uplex or multi-unit building | Creditors Who Have Cla | ims Secured by Property. |
| | | <u> </u> | ondominium or cooperative | Current value of the | Current value of the |
| | | | anufactured or mobile home | entire property? | portion you own? |
| | | <u> </u> | and | | |
| | Number Street | In | vestment property | Describe the nature o | |
| | - | | meshare | interest (such as fee s the entireties, or a life | |
| | City State | Zip Code | ther | | |
| | | Who I one. | has an interest in the property? Chec | | mmunity property |
| | | □ D | ebtor 1 only | _ | |
| | | Пр | ebtor 2 only | | |
| | | □ □ | ebtor 1 and Debtor 2 only | | |
| | | At At | t least one of the debtors and another | | |
| | | | r information you wish to add about t erty identification number: | his item, such as local | |

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| Debtor 1 | Carl First Name | E. Middle Name | Dobbins Last Name | Case number (if known) | | |
|------------|--|---|---|---|--|--|
| | et address, if available, or other street State | zip Code | Mhat is the property? Check all that app Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about | the amount Creditors Will Current valuentire proposed interest (su the entiretic Check one. | of any secu the Have Clause of the erty? The nature of the second of th | claims or exemptions. Put red claims on Schedule D: ims Secured by Property. Current value of the portion you own? f your ownership imple, tenancy by e estate), if known. mmunity property |
| you ha | ve attached for Part 1. Wr | tion you own for a ite that number h | > | | | |
| you own tl | nat someone else drives. If y ns, trucks, tractors, sport ut s Make | ou lease a vehicle, lity vehicles, motor | Who has an interest in the proper | Contracts and Unexpired Leaders ty? Check Do not dedicate. | ases. | claims or exemptions. Put |
| | Model: Year: Approximate mileage: Other information: 2013 Chevrolet Impala | Impala 2013 119000 | one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this is community projects instructions. | Current val entire prop \$8175.00 | /ho Have Cla | ured claims on Schedule D: aims Secured by Property. Current value of the portion you own? \$8175.00 |
| 3.2 | Make Model: Year: Approximate mileage: Other information: | | instructions) Who has an interest in the proper one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a Check if this is community prinstructions) | the amount Creditors W Current val entire prop | t of any secu Iho Have Cla Iue of the | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property. Current value of the portion you own? |

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| Debtor 1 | Carl First Name | E. Middle Name | Dobbins Last Name | Case number | er (if known) | |
|----------|---|------------------------|--|---------------------|---------------------------------------|---|
| 3.3 | Make Model: Year: | | Who has an interest in the property? Check one. Debtor 1 only | | the amount of any secu | claims or exemptions. Put tred claims on <i>Schedule D:</i> hims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 of | nhv | Current value of the entire property? | Current value of the portion you own? |
| | Other information. | | At least one of the debto | • | | |
| | | | <u></u> | | | |
| | | | Check if this is commu instructions) | inity property (see | | |
| 3.4 | Make | | Who has an interest in the | property? Check | | claims or exemptions. Put |
| | Model: Year: | | one. | | • | red claims on <i>Schedule D:</i> aims Secured by Property. |
| | Approximate mileage: | | Debtor 1 only | | | |
| | , pproximate mileager | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 o | only | entire property? | portion you own? |
| | | | At least one of the debto | rs and another | | |
| | | | Check if this is commu | unity property (see | | |
| 4.1 | Yes Make Model: | | Who has an interest in the one. | property? Check | the amount of any secu | claims or exemptions. Put ired claims on <i>Schedule D</i> |
| | Year: | | Debtor 1 only | | Creditors Who Have Cla | ims Secured by Property. |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 o | only | entire property? | portion you own? |
| | | | At least one of the debto | rs and another | | |
| | | | Check if this is communications instructions) | unity property (see | | |
| 4.2 | Make Model: Year: | | Who has an interest in the one. Debtor 1 only | property? Check | the amount of any secu | claims or exemptions. Put irred claims on <i>Schedule D</i> iims Secured by Property. |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 o | only | entire property? | portion you own? |
| | | | At least one of the debto | ors and another | · | |
| | | | Check if this is commu | unity property (see | | |
| 5. Add | the dollar value of the po | ortion vou own for all | of your entries from Part 2, | including any entri | e for pages | |
| | | | | moraumy any entire | so iui payeo I 🔨 | 175.00 |

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| De | ebtor 1 | Carl First Name | E. Middle Name | Dobbins Last Name | Case number (if known) | |
|-----------------|------------------------------|---------------------------------|--|--------------------------------|----------------------------------|--|
| Pa | rt 3: | Describe Y | our Personal and Household I | tems | | |
| D | o you | own or hav | e any legal or equitable intere | est in any of the followin | g items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | _ | and furnishings liances, furniture, linens, china, kitche | enware | | |
| <u>✓</u> | | Describe | Used furniture | | | \$300.00 |
| | | ronics les: Televisions | s and radios; audio, video, stereo, an | d digital equipment; compute | ers, printers, scanners; music | |
| ✓ | Yes. D | Describe | Used electronics | | | \$400.00 |
| | | | ue und figurines; paintings, prints, or oth in, or baseball card collections; other | | | |
| | No Yes. D | Describe | | | | |
| | | les: Sports, ph | rts and hobbies otographic, exercise, and other hobb s; carpentry tools; musical instrumen | | tables, golf clubs, skis; canoes | |
| ✓ | No Yes. D | Describe | | | | |
| | 0. Fire Examp | | es, shotguns, ammunition, and relate | ed equipment | | 1 |
| ✓ | No | | | | | |
| | Yes. D | Describe | | | | |
| | • | | clothes, furs, leather coats, designer v | wear, shoes, accessories | | |
| 닏 | No Voc F | Describe | Llood olothoo | | | 1 |
| ✓ | 165. L | Jeschbe | Used clothes | | | \$300.00 |
| | 2. Jew Examp No | | ewelry, costume jewelry, engagemen r | t rings, wedding rings, heirlo | om jewelry, watches, gems, | |
| V | | Describe | Costume jewelry | | | \$200.00 |
| | | -farm animal les: Dogs, cats | s, birds, horses | | | |
| | | Describe | | | | |
| | - | other person | al and household items you did no | ot already list, including an | y health aids you did not list | I |
| $ lap{\square}$ | No Voc. F |) oo orib c | | | | 1 |
| Ш | res. L | Describe | | | | |
| | | | lue of all of your entries from Part | | r pages you have attached | \$1200.00 |

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| Debto | r 1 Carl First Name | E. Middle Name | Dobbins Last Name | Case number (if known) | _ |
|--------------|---|--|--------------------------|--|---|
| Part 4: | Describe Your F | inancial Assets | | | |
| | | y legal or equitable interest | t in any of the followin | ng? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | amples: Money you ha | ve in your wallet, in your home, ir | · | on hand when you file your petition Cash: | |
| | Deposits of money Examples: Checking, sa and other similar in | | | | |
| | No ✓ Yes | | Institution name: | | |
| | | 17.1. Checking account: 17.2. Checking account: | Bank of America | | \$126.00 |
| | | 17.3. Savings account: | Bank of America | | \$-4.00 |
| | | 17.4. Savings account: | | | |
| | | 17.5. Certificates of deposit: | | | |
| | | 17.6. Other financial account: | | | |
| | | 17.7. Other financial account: | | | |
| | | 17.8. Other financial account: | | | |
| | | 17.9. Other financial account: | _ | | |
| | xamples: Bond funds, | or publicly traded stocks investment accounts with broken | rage firms, money market | accounts | |
| I I | ✓ No Yes | Institution or issuer name: | | | |
| | | | | | |
| 19. I | lon-publicly traded s | tock and interests in incorpora | ted and unincorporated | I businesses, including an interest in | |
| | in LLC, partnership, a | and joint venture | | | |
| | Yes. Give specific information about | Name of entity | | % of ownership: | |
| | them | | | | |

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| Deb | tor 1 Carl | E. | Dobbins | Case number (if known) | |
|-----|---|--|-----------------------------|--|---|
| | First Name | Middle Name | Last Name | | |
| 20. | | orate bonds and other negotial | | | |
| | Negotiable instruments | | | | |
| | _ | ents are those you cannot transfe | to someone by signing | or delivering them. | |
| | ✓ No | | | | |
| | Yes. Give specific information about | | | | |
| | them | Issuer name: | | | |
| | | | | | |
| | | | | | |
| | | | | | - |
| | | | | | |
| 21. | Retirement or pension | | thrift savings accounts | or other pension or profit-sharing plans | |
| | No No | b , 21116/ , 100g/i, 101(iy, 100(b) | , timit cavingo accounte, | or ourse perioder or prome origining plane | |
| | | Type of account: | Institution name: | | |
| | Yes. List each account | | | | |
| | separately. | 401(k) or similar plan: | - | | - |
| | | Pension plan: | | | |
| | | IRA: | | | |
| | | Retirement account: | | | |
| | | Keogh: | | | - |
| | | Additional account: | | | |
| | | Additional account: | | | - |
| 00 | | | | | - |
| 22. | Security deposits and Your share of all unused | prepayments d deposits you have made so that | you may continue servic | e or use from a company | |
| | Examples: Agreements | with landlords, prepaid rent, public | | | |
| | companies, or others | | | | |
| | ✓ No | | Institution name: | | |
| | Yes | Electric: | | | |
| | | Gas: | | | _ |
| | | Heating oil: | | | |
| | | Security deposit on rental unit: | | | |
| | | Prepaid rent: | | | |
| | | Telephone: | | | - |
| | | Water: | | | |
| | | Rented furniture: | | | |
| | | Other: | | | |
| 23. | Annuities (A contract fo | or a periodic payment of money to | you, either for life or for | a number of years) | |
| | ✓ No | | | | |
| | Yes | Issuer name and description: | | | |
| | _ | | | | |
| | | | | | |
| | | - | | | |
| | | | | | |

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| Debte | or 1 Carl | E | Dobbins | Case number (if known) | |
|-------|---|--|--|--|---|
| 24. | First Name Interests in an | Middle Nan | | der a qualified state tuition program. | |
| | | 0(b)(1), 529A(b), and 529(b)(| | | |
| | ✓ No ☐ Yes | stitution name and description | on. Separately file the records of any inter | ests.11 U.S.C. § 521(c): | |
| | _ | | | | |
| | | | | | |
| 25. | Trusts, equitable exercisable for | | perty (other than anything listed in lir | ne 1), and rights or powers | |
| | No No Doscrib | 0 | | | |
| | Yes. Describ | e | | | |
| 26. | | | crets, and other intellectual property | | |
| | - N. | et domain names, websites, | proceeds from royalties and licensing ag | reements | |
| | ✓ No Yes. Describ | e | | | |
| | | | | | |
| 27. | | hises, and other general in ng permits, exclusive licenses | tangibles s, cooperative association holdings, liquo | or licenses, professional licenses | |
| | ✓ No | | | | |
| | Yes. Describ | e | | | |
| | | | | | |
| | | | | | |
| Mon | ney or property | owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ney or property Tax refunds owe | | | | portion you own? |
| | Tax refunds owe ✓ No | d to you | | - Factorial | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds owe ✓ No Yes. Give spe about ti | d to you ecific information nem, including whether | | Federal: | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| | Tax refunds owe No Yes. Give speabout ti you alre | d to you | | State: | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| 28. | Tax refunds owe No Yes. Give speabout ti you alreand the | d to you ecific information nem, including whether eady filed the returns | | | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| 28. | Tax refunds owe No Yes. Give speabout ti you alreand the | d to you ecific information nem, including whether eady filed the returns tax years | ousal support, child support, maintenanc | State: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owe No Yes. Give speabout ti you alreand the Family support Examples: Past de | d to you secific information nem, including whether sady filed the returns tax years | ousal support, child support, maintenanc | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owe No Yes. Give speabout ti you alreand the Family support Examples: Past de | d to you ecific information nem, including whether eady filed the returns tax years | ousal support, child support, maintenanc | State: Local: e, divorce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owe No Yes. Give speabout ti you alreand the Family support Examples: Past de | d to you secific information nem, including whether sady filed the returns tax years | ousal support, child support, maintenanc | State: Local: ce, divorce settlement, property settlement Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t |
| 28. | Tax refunds owe No Yes. Give speabout ti you alreand the Family support Examples: Past de | d to you secific information nem, including whether sady filed the returns tax years | ousal support, child support, maintenanc | State: Local: ce, divorce settlement, property settlement Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 |
| 28. | Tax refunds owe No Yes. Give speabout ti you alreand the Family support Examples: Past de | d to you secific information nem, including whether sady filed the returns tax years | ousal support, child support, maintenanc | State: Local: De, divorce settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owe No Yes. Give speabout to you alread the support Examples: Past do Yes. Give speabout to you alread the support Examples: Past do Other amounts support Examples: Past do | d to you ceific information nem, including whether lady filed the returns tax years | | State: Local: Pe, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owe ✓ No Yes. Give speabout till you alreand the support Examples: Past die support Examples: Past die support Examples: Unpaid the support Exampl | d to you ceific information nem, including whether leady filed the returns of tax years | ousal support, child support, maintenance busal support, child support, maintenance outpoort, child support, maintenance | State: Local: Pe, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owe ✓ No Yes. Give speabout to you alread the you a | d to you secific information nem, including whether sady filed the returns tax years | payments, disability benefits, sick pay, va | State: Local: Pe, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owe ✓ No Yes. Give speabout to you alread the you alread the second of | d to you secific information nem, including whether sady filed the returns tax years | payments, disability benefits, sick pay, va | State: Local: Pe, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb ⁻ | tor 1 Carl | E. | Dobbins | Case number (if known) | |
|------------------|---|-----------------------------|--|--|---|
| | First Name | Middle Name | Last Name | | |
| 31. | Interests in insurance Examples: Health, disab | | h savings account (HSA); credit, ho | omeowner's, or renter's insurance | |
| | No Yes. Name the insu of each policy and I | rance company | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | Any interest in proper | ty that is due you from s | omeone who has died | | |
| | | of a living trust, expect p | roceeds from a life insurance policy | , or are currently entitled to receive | |
| | ✓ No Yes. Describe | | | | |
| 33. | | | ou have filed a lawsuit or made a ance claims, or rights to sue | a demand for payment | |
| | No Yes. Describe | | | | |
| 34. | Other contingent and to set off claims | unliquidated claims of e | very nature, including counterc | laims of the debtor and rights | |
| | No Yes. Describe | | | | |
| | Tes. Describe | | | | |
| 35. | Any financial assets yo | ou did not already list | | | |
| | Yes. Describe | | | | |
| 36. | | • | Part 4, including any entries for | | \$122.00 |
| | | | | | |
| Part | | _ | - | terest In. List any real estate in Part | 1. |
| 37. | טע you own or nave ar | iy iegai or equitable inte | erest in any business-related pro | | |
| | No. Go to Part 6. | | | | urrent value of the ortion you own? |
| | Yes. Go to line 38. | | | Do | o not deduct secured claims exemptions |
| 38. | Accounts receivable of | or commissions you alrea | ady earned | | |
| | ✓ No Yes. Describe | | | | |
| 39. | Office equipment, furn Examples: Business-rela | | modems, printers, copiers, fax ma | chines, rugs, telephones, desks, chairs, electro | onic devices |
| | No Yes. Describe | | | | |
| | | | | | |

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| Deb | tor 1 Carl | | E. | Dobbins | Case number (if known) | |
|--------|-------------|--------------------|---|------------------------------------|------------------------------------|--|
| | First | Name | Middle Name | e Last Name | | |
| 40. | Machin | ery, fixtures, e | quipment, supplies yo | u use in business, and tools of | your trade | |
| | √ No | | | | | |
| | | s. Describe | | | | 1 |
| | L | . Describe | | | | |
| | | | | | |] |
| 41 | Invento | irv | | | | |
| | | , | | | | |
| | ✓ No | | | | | |
| | Yes | . Describe | | | | |
| | | | | | | |
| | | | | | | |
| 42. | Interest | ts in partnersh | ips or joint ventures | | | |
| | ✓ No | | | | | |
| | ☐ Yes | s. Give specific | | Name of entity: | % of ownership: | |
| | | rmation about | | | | |
| | the | m | | | | |
| | | | | | | _ |
| | | | | | | |
| 43 (| Custome | r liete mailing | lists, or other compila | ations | | |
| 10. | | i noto, maning | note, or other complic | | | |
| | ✓ No | | | | | |
| | Yes | . Do your lists ir | nclude personally identifi | able information (as defined in 11 | U.S.C. § 101(41A))? | |
| | | □ No | | | | |
| | | No | | | | |
| | | Yes. Descr | ribe | | | |
| 4.4 | A la | | | luc a de li at | | |
| 44. | Any bus | siness-related | property you did not a | iready list | | |
| | ✓ No | | | | | |
| | Yes | . Give specific | | _ | | |
| | info | rmation | | | | |
| | | | | | | |
| | | | | _ | | |
| | | | | | | |
| | | | | | | |
| | | | | - | | |
| | | | | | | <u> </u> |
| | | | | | | |
| 45. A | dd the d | ollar value of a | II of your entries from | Part 5, including any entries for | or pages you have attached | |
| for Pa | art 5. Wr | ite that numbe | r here | | | |
| _ | | : I A F- | | ial Fishion Balatad Boom | +-V | |
| Part | | | arm- and Commerc interest in farmland, list it | | ty You Own or Have an Interest In. | |
| | ii yot | u own or nave an | interest in familiand, list in | tiii Fait I. | | |
| 46. | Do you | own or have a | ny legal or equitable i | nterest in any farm- or comme | rcial fishing-related property? | |
| | ✓ No. | . Go to Part 7. | | | | Current value of the |
| | Ľ | s. Go to line 47. | | | | portion you own? |
| | | 3. GO tO IIIIC 47. | | | | Do not deduct secured claims or exemptions |
| 47 | Farm a | nimals | | | | J. 5.6 |
| 77. | | | oultry, farm-raised fish | | | |
| | | , P | ,, | | | |
| | ✓ No | | | | | |
| | Yes | s. Describe | | | | |
| | | | | | |] |
| 1 | | | | | | |

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| Debt | or 1 | Carl First Name | | Dobbins Last Name | Case number (if known) | |
|--------------|----------|--------------------------|--|------------------------|------------------------------|-------------|
| 48. | Cro | ps-either growing o | | LLOC 14GHO | | |
| | V | No | | | | |
| | Ħ | Yes. Describe | | | | |
| | | | | | | |
| 49. | Far | m and fishing equip | ment, implements, machinery, fixtur | es, and tools of trade | | |
| | ✓ | No | | | | |
| | | Yes. Describe | | | | |
| | | | | | | |
| 50. | Far | m and fishing suppli | es, chemicals, and feed | | | |
| | ✓ | No | | | | |
| | Ш | Yes. Describe | | | | |
| <u>.</u> . | | _ | | | | |
| 51. | Any | | cial fishing-related property you did | not already list | | |
| | 뇓 | No Yes. Describe | | | | |
| | ш | Too. Bookingo | | | | |
| | , | | <u></u> | | Γ | |
| | | | of your entries from Part 6, includin | | ou have attached | |
| • | | | | | | |
| | | | | | | |
| Part 7 | 7. | Describe All Prop | perty You Own or Have an Interc | est in That You Did No | t List Above | |
| | Do | you have other prop | erty of any kind you did not already l | | | |
| | | • | , country club membership | | | |
| | | No Yes. Give specific | | | | |
| | Ш | information | | | | |
| | | | | | | |
| | | | | | | |
| 54. A | dd th | ne dollar value of all | of your entries from Part 7. Write th | at number here | | , |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Part 8 | 3: | List the Totals of | Each Part of this Form | | | |
| 55 F | Part | 1: Total real estate | line 2 | | • | |
| 00.1 | uit | i. rotal real estate, | | | | |
| 56. p | art | 2 total vehicles, line | 5 | \$8175.00 | | |
| 57. P | art 3 | 3: Total personal and | l household items, line 15 | \$1200.00 | | |
| 58. P | art 4 | l: Total financial ass | ets, line 36 | \$122.00 | | |
| 59. F | Part | 5: Total business-re | lated property, line 45 | | | |
| 60. F | Part | 6: Total farm- and fi | shing-related property, line 52 | | | |
| 61. F | Part | 7: Total other prope | rty not listed, line 54 | | | |
| 62. T | otal | personal property. | Add lines 56 through 61 | \$9497.00 | | + \$9497.00 |
| | | | | | Copy personal property total | - +5.550 |
| | | | | | | \$9497.00 |
| 63. T | otal | of all property on So | hedule A/B. Add line 55 + line 62 | | | |

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|-----------------------------------|--|--|---|--|--|---|
| Fill | in this infor | mation to identify your case: | | | | |
| Deb | otor 1 | Carl | E. | Dobbins | | |
| | | First Name | Middle Name | Last Name | | |
| | otor 2 ouse, if filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States E | Sankruptcy Court for the: North | | District of Illinois | | |
| | e number | | | (State) | | |
| (lf kr | own) | | | | | Check if this is an |
| Of | ficial | Form 106C | | | | amended filing |
| | | | . V Olaina | | | |
| | | e C: The Property | | - | er, both are equally respons | 04/16 |
| as e | xempt. If ı | | ut and attach to this | page as many cop | | e, list the property that you claim ge as necessary. On the top of any |
| stat the tax- und you | e a speci amount o exempt r er a law t r exempti | fic dollar amount as exem of any applicable statutory etirement funds—may be | pt. Alternatively, yo limit. Some exemp unlimited in dollar a o a particular dollar applicable statutor | u may claim the fu tions—such as the amount. However amount and the v | ull fair market value of the ose for health aids, rights t , if you claim an exemption | nim. One way of doing so is to property being exempted up to o receive certain benefits, and of 100% of fair market value termined to exceed that amount, |
| 1. | Which se | t of exemptions are you claim | ng? Check one only, e | ven if your spouse is f | iling with you. | |
| | ✓ You a | are claiming state and federal | nonbankruptcy exemp | otions. 11 U.S.C. § 5 | 22(b)(3) | |
| | You | are claiming federal exemptior | ns. 11 U.S.C. § 522(b)(| (2) | | |
| 2. | For any p | roperty you list on Schedule A | /B that you claim as e | exempt, fill in the info | ormation below. | |
| | | cription of the property and chedule A/B that lists this | Current value of the portion you own | Amount of the exe | mption you claim S | Specific laws that allow exemption |

Copy the value from Schedule A/B

\$126.00

(\$4.00)

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

✓

 $\overline{\mathbf{A}}$

\$126.00

\$0

100% of fair market value, up to any

100% of fair market value, up to any

applicable statutory limit

applicable statutory limit

property

Brief

description:

Line from Schedule A/B:

description:

Line from Schedule A/B:

of America

of America

No Yes

Checking account, Bank

Savings account, Bank

Are you claiming a homestead exemption of more than \$160,375?

735 ILCS 5/12-1001(b)

735 ILCS 5/12-1001(b)

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Debtor 1 Carl Dobbins Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B 735 ILCS 5/12-1001(c); 735 ILCS Brief \$8,175.00 5/12-1001(b) description: \checkmark \$0 Chevrolet Impala, 2013, 100% of fair market value, up to any 2013 Chevrolet Impala applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$300.00 description: $\overline{}$ \$300.00 **Used furniture** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 06 735 ILCS 5/12-1001(b) \$400.00 description: $\overline{}$ \$400.00 **Used electronics** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 07 Brief 735 ILCS 5/12-1001(a) description: \$300.00 \checkmark \$300.00 **Used clothes** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 11 735 ILCS 5/12-1001(b) Brief

\$200.00

100% of fair market value, up to any

applicable statutory limit

\$200.00

description:

Line from

Schedule A/B:

Costume jewelry

12

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| | | Do | current 1 age 22 of 1 | 1 1 | | |
|--|--|---|---|---|---|------------------------------------|
| Fill in this info | rmation to identify your ca | ise: | | | | |
| Debtor 1 | Carl | E. | Dobbins | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Ξ | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | | | |
| Case number | | | (State) | | | |
| Official | Form 106D | | | l | | Check if this is an amended filing |
| Schedu | ule D: Credito | ors Who Ha | ve Claims Secure | ed by Prop | erty | 12/15 |
| more space is name and cas 1. Do any No. | needed, copy the Addition e number (if known). creditors have claims se Check this box and subm | ecured by your proper nit this form to the court v | e are filing together, both are equal ber the entries, and attach it to t ty? with your other schedules. You hav | his form. On the top o | of any additional pag | |
| ✓ Yes. | Fill in all of the information | n below. | | | | |
| Part 1: List | All Secured Claims | | | | | |
| separat | • | han one creditor has a par | ured claim, list the creditor ticular claim, list the other creditors order according to the creditor's | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| | GE FINANCIAL SVC | Describe the property | that secures the claim: | \$14,693.00 | \$8,175.00 | \$6,518.00 |
| Creditor' | s Name 5 500 W | 072 Automobile | | | | |
| Numi | | | , the claim is: Check all that apply. | | | |
| | | Contingent | | | | |
| SALT L | AKE CITY UT 84115 | Unliquidated | | | | |
| City | State ZIP Code wes the debt? Check one. | Disputed | | | | |
| | btor 1 only | Nature of lien. Check a | all that apply. | | | |
| | btor 2 only | ✓ An agreement you | made (such as mortgage or secured | | | |
| Del | btor 1 and Debtor 2 only | car loan) | | | | |
| | least one of the debtors | Statutory lien (such Judgment lien from | as tax lien, mechanic's lien) | | | |
| ☐ Ch | eck if this claim relates | Other (including a ri | | | | |
| | a community debt ebt was 10/2016 | Last 4 digits of accou | nt number1072 | | | |

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$14,693.00

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| Fill in | this inforr | mation to identify your ca | ase: | | | | | |
|------------------------|--|---|--|---|---|--|---|--|
| Debte | or 1 | Carl | E. | Dobbins | | | | |
| Debte | nr 2 | First Name | Middle Name | Last Name | | | | |
| | se, if filing) | First Name | Middle Name | Last Name | | | | |
| Unite | d States B | ankruptcy Court for the: | Northern | District of Illinois | | | | |
| Case (If know | number wn) | | | (State) | | | | |
| Offi | cial F | orm 106E/F | | | | Chec | k if this is an | amended filing |
| Sc | hedu | ıle E/F: Cre | ditors Who | o Have Unsecure | d Claims | | | 12/15 |
| other Form claim | party to a 106A/B) a s that are ntries in tl n). | any executory contracts and on <i>Schedule G: Exe</i> listed in <i>Schedule D: C</i> | s or unexpired leases t cutory Contracts and ireditors Who Hold Cla tach the Continuation | ditors with PRIORITY claims and Par hat could result in a claim. Also list a Unexpired Leases (Official Form 1060 ims Secured by Property. If more spa Page to this page. On the top of any | executory contracts G). Do not include a ce is needed, copy | s on <i>Schedul</i> iny creditors the Part you | e <i>A/B: Prop</i> with partia need, fill i | erty (Official lly secured t out, number |
| 1. | - | editors have priority un | secured claims agains | st you? | | | | |
| | 느 | Go to Part 2. | | | | | | |
| | Yes. | | Late to a life and the state | and the second state of the second state of | Patrila a suspita a suspita | | de delse Es | o a sala saladas |
| | listed, iden As much a Continuati | ntify what type of claim it i as possible, list the claims on Page of Part 1. If more | is. If a claim has both pr in alphabetical order ac e than one creditor hold: | s more than one priority unsecured clair iority and nonpriority amounts, list that of cording to the creditor's name. If you hat is a particular claim, list the other creditor has for this form in the instruction bookle | claim here and show we more than two pr s in Part 3. | both priority a | and nonprior | rity amounts. |
| | | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | | epartment of Family Servi | ce c/o Shurnell | Last 4 digits of account number | | \$0.00 | \$0.00 | \$0.00 |
| | Cooper Priority C | reditor's Name | | When was the debt incurred? | n/a | | | |
| | Springfie City Who inc Debri Debri At le Sthe cl Is the cl Yes | State urred the debt? Check of tor 1 only tor 2 only tor 1 and Debtor 2 only ast one of the debtors an ck if this claim relates aim subject to offset? | d another to a community debt | As of the date you file, the claim is apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts yo government Claims for death or personal injurintoxicated Other. Specify Other | n: u owe the ry while you were | | | |
| 2.2 | | epartment of Healthcare & reditor's Name | Family Service | Last 4 digits of account number _ | | \$9,368.97 | \$0.00 | \$9,368.97 |
| | PO Box Number | 19119 Street | | When was the debt incurred? | n/a | | | |
| | Debring Debring Debring At le | State urred the debt? Check of tor 1 only tor 2 only tor 1 and Debtor 2 only ast one of the debtors an ck if this claim relates aim subject to offset? | d another | As of the date you file, the claim is apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim Domestic support obligations Taxes and certain other debts yo government Claims for death or personal injurintoxicated Other. Specify Child Su | n: u owe the ry while you were | | | |
| Off | Yes iciai i orm | 106E/F | Schedule | E/F: Creditors Who Have Unsecured | Claims | | r | page 1 |

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| Debto | | Carl E. First Name Middle Name | Dobbins Last Name | Case number (if known) | |
|---------|--------------|--|--------------------------|--|--|
| Part 2 | ■. | List All of Your NONPRIORITY Unse | | | |
| 3. [| Do a | ny creditors have nonpriority unsecured on No. You have nothing to report in this pare | claims against you? | e court with your other schedules. | |
| u It | ınse f mo | cured claim, list the creditor separately for each | ch claim. For each claim | er of the creditor who holds each claim. If a creditor has more listed, identify what type of claim it is. Do not list claims already in Part 3.If you have more than four priority unsecured claims fill ou | Icluded in Part 1. It the Continuation |
| | | | | | Total claim |
| 4.1 | | t Loans #374 npriority Creditor's Name | | Last 4 digits of account number | \$0.00 |
| | 19 | 16 E. 95 St. | | When was the debt incurred?n/a | |
| | Nu — | mber Street | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | | icago Illinois | 60617-4787 | Unliquidated | |
| | City Wh | y State no incurred the debt? Check one. | Zip Code | Disputed | |
| | ✓ | Debtor 1 only | | Type of NONPRIORITY unsecured claim: | |
| | | Debtor 2 only | | Student loans | |
| | | Debtor 1 and Debtor 2 only | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Т | At least one of the debtors and another | | Debts to pension or profit-sharing plans, and other similar | |
| | F | Check if this claim relates to a commu | nity debt | debts Other. Specify Notice only | |
| | ls t | the claim subject to offset? | | V care. open, | |
| | ✓ | No | | | |
| | | Yes | | | |
| 4.2 | _ | ASTRA RECOVERY SERV | | Last 4 digits of account number 3774 | \$87.00 |
| | | npriority Creditor's Name 30 W 33RD ST N STE 118 | | When was the debt incurred? 3/2018 | |
| | _ | mber Street | | As of the date you file, the claim is: Check all that apply. | |
| | | | | Contingent | |
| | | CHITA Kansas | 67205 | Unliquidated | |
| | City Wh | y State no incurred the debt? Check one. | Zip Code | Disputed | |
| | ✓ | Debtor 1 only | | Type of NONPRIORITY unsecured claim: | |
| | | Debtor 2 only | | Student loans | |
| | F | Debtor 1 and Debtor 2 only | | Obligations arising out of a separation agreement or | |
| | F | At least one of the debtors and another | | divorce that you did not report as priority claims | |
| | F | Check if this claim relates to a commu | nity debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | ls t | the claim subject to offset? | | 001 Collection; Collecting for | |
| | ✓ | No | | ORIGINAL CREDITOR: SPEEDY Other. Specify CASH 140 | |
| | | Yes | | | |
| 4.3 | | NI, INC. | | Last 4 digits of account number 3831 | \$627.00 |
| | | npriority Creditor's Name Box 3517 | | When was the debt incurred? 11/2017 | |
| | _ | mber Street | , | As of the date you file, the claim is: Check all that apply. | |
| | | | | Contingent | |
| | | pomington Illinois | 61702 | Unliquidated | |
| | City Wh | y State no incurred the debt? Check one. | Zip Code | Disputed | |
| | ✓ | Debter d. auch. | | Type of NONPRIORITY unsecured claim: | |
| | | Debtor 2 only | | Student loans | |
| | | Debtor 1 and Debtor 2 only | | Obligations arising out of a separation agreement or | |
| | F | At least one of the debtors and another | | divorce that you did not report as priority claims | |
| | F | Check if this claim relates to a commu | nity debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | ls t | the claim subject to offset? | | ✓ 001 Collection; Collecting for | |
| | ✓ | No | | ORIGINAL CREDITOR: Other. Specify COMCAST | |
| | | Yes | | · · · · · · · · · · · · · · · · · · · | |

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_____ Case number (if known) Debtor 1 Carl Dobbins Last Name Middle Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. Total claim

| 4.4 | American Info LP agent for (Presence Health) Nonpriority Creditor's Name | Last 4 digits of account number | \$187.50 |
|-----|---|---|-------------|
| | PO Box 248838 | When was the debt incurred?n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | - | — Contingent | |
| | Oklahoma City Oklahoma 73124-2522 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts Other. Specify Other | |
| | Is the claim subject to offset? | Other. Specify Other | |
| | ✓ No | | |
| | Yes | | |
| 4.5 | AMERICOLLECT INC | Last 4 digits of account number 0826 — | \$399.00 |
| | Nonpriority Creditor's Name PO BOX 1566 | When was the debt incurred? 1/2018 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | MANITOWOC Wisconsin 54221 | — Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | □ ' | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | 001 Collection; Collecting for | |
| | ✓ No | ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | |
| | Yes | THIRE TO SHAPE | |
| 4.6 | BK OF AMER | Look A digita of a count number 0770 | \$253.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number 0779 When was the debt incurred? 3/2018 | |
| | PO BOX 45144 Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | JACKSONVILLE Florida 32231 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | Other. Specify CreditCard | |
| | ✓ No | | |
| | Yes | | |

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Debtor 1 Carl **Dobbins** Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 501 Greene Street # 302 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 30901 Augusta Georgia City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ Notice only Is the claim subject to offset? No $\overline{\mathbf{A}}$ Yes City of Chicago - Parking and red Light Tickets \$3,900.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Department of Revenue - PO Box 88292 n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60680 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify DL: D15212567035 Is the claim subject to offset? **✓** No Yes City of Chicago Department of Revenue \$1.996.40 4.9 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 121 North LaSalle Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60602 Chicago City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Department of revenue

✓ No Yes

Is the claim subject to offset?

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Debtor 1 Carl **Dobbins** Case number (if known) Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 ComEd \$186.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3 Lincoln Center Number Street As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Unliquidated 60181 Oakbrook Terrace Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Old Electric Bills Other. Specify ___ Is the claim subject to offset? No ◪ ☐ Yes ENHANCED RECOVERY CO L \$1,036.00 Last 4 digits of account number __ 4977 Nonpriority Creditor's Name When was the debt incurred? 7/2017 8014 BAYBERRY RD Street Number As of the date you file, the claim is: Check all that apply. Contingent 32256 JACKSONVILLE Florida Unliquidated Citv State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: SPRINT **✓** No Yes First Premier Bank \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? PO Box 5519 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Sioux Falls South Dakota 57117 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Notice only Is the claim subject to offset? No

Yes

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Debtor 1 Carl **Dobbins** Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 FIRST PREMIER BANK \$721.00 Last 4 digits of account number Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 When was the debt incurred? 7/2015 Number Street As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent Saint Cloud 56302 Minnesota Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify CreditCard Is the claim subject to offset? Yes 4.14 Firstsource Advantage LLC \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 205 Bryant Woods South When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Buffalo New York 14228 Citv State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Notice only Is the claim subject to offset? **✓** No Yes Freedom Cash Lenders \$400.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Po Box 637 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Lakeport California 95453 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify ___ payday loans

No Yes

Is the claim subject to offset?

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Debtor 1 Carl **Dobbins** Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 Inbox Loan \$700.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a P.O. Box 881 Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 95402 California Santa Rosa City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify _ Payday loans Is the claim subject to offset? No ◪ Yes LAW OFFICES OF CRYST \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 119 ROCKLAND CENTER, SUITE 390 n/a Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated NANUET New York 10954 Disputed State Zip Code Who incurred the debt? Check one Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Notice only Is the claim subject to offset? **✓** No Yes Layng, Patrick S 4.18 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Office of the US Trustee, Region 11 219 S. Dearborn St. Number As of the date you file, the claim is: Check all that apply. **Room 873** Contingent Unliquidated Illinois 60604 Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Notice only Is the claim subject to offset? **V** No

Yes

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Debtor 1 Carl **Dobbins** Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 Marilyn O Marshall \$0.00 - Last 4 digits of account number Nonpriority Creditor's Name 224 South Michigan Ste 800 When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60604 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ Other Is the claim subject to offset? No Yes MCSI INC 4.20 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO BOX 327 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated PALOS HEIGHTS Illinois 60463 Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Notice only Is the claim subject to offset? **✓** No Yes MERCHANTS & MEDCAL 4.21 \$835.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 4/2018 6324 TAYLOR DR Number As of the date you file, the claim is: Check all that apply. Contingent **FLINT** Michigan 48507 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? |✓| ORIGINAL CREDITOR: TCF No

Yes

Other. Specify

NATIONAL BANK

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Debtor 1 Carl **Dobbins** Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 MRS BPO LLC \$0.00 Last 4 digits of account number Nonpriority Creditor's Name 1930 OLNEY AVE When was the debt incurred? n/a Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **CHERRY HILL** 08003 New Jersev City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ Notice only Is the claim subject to offset? No Yes My Quick Wallet \$400.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a PO Box 1144 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Mission South Dakota 57555 Disputed State Who incurred the debt? Check one Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Payday loans Is the claim subject to offset? **✓** No Yes National Account Services 4.24 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1246 University Ave W Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Saint Paul Minnesota 55104 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ Notice only Is the claim subject to offset? **V** No

Yes

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Debtor 1 Carl **Dobbins** Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.25 Peoples Gas \$397.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 200 E. Randolph Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60601 Chicago Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ Old gas bills Is the claim subject to offset? No Yes 4.26 PNC Bank \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 300 Fifth Ave As of the date you file, the claim is: Check all that apply. 29th floor Contingent Unliquidated Pittsburgh Pennsylvania 15222 State Disputed City Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Notice only Is the claim subject to offset? **✓** No Yes Semrad Law Firm 4.27 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 20 South Clark Street 28th Floor Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois Chicago 60606 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Attorney fees Is the claim subject to offset?

✓ No ☐ Yes

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Debtor 1 Carl **Dobbins** Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.28 Speedy Cash \$87.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 1931 N. Mannheim Rd Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60160 Melrose Park Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify __ payday loans Is the claim subject to offset? No ☐ Yes White County Superior Court \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 110 N. Main St. Number As of the date you file, the claim is: Check all that apply. PO BOX 1005 Contingent Unliquidated 47960-1005 Monticello Indiana Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Notice only Is the claim subject to offset? **✓** No Yes WoW Cable Co 4.30 \$300.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 118 East Wing Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Arlington Heights Illinois 60004 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Old Cable bills Other. Specify Is the claim subject to offset? **V** No

Yes

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| Debtor | 1 Carl First Name | E. Middle Name | Dobbins Last Name | Case number (if known) | | | |
|---------|---|-----------------------|----------------------|---|-------------|--|--|
| Part 2: | Your NONPRIORITY Unsecured Claims - Continuation Page | | | | | | |
| | After listing any entri | es on this page, numb | er them beginning wi | th 4.5, followed by 4.6, and so forth. | Total claim | | |
| 4.31 | Xfinity Nonpriority Creditor's Name 1701 JFK Boulevard Number Street | | | Last 4 digits of account number \$396.0 When was the debt incurred? n/a | | | |
| | | | | As of the date you file, the claim is: Check all that apply. — Contingent | | | |
| | Philadephia City | Pennsylvania State | 19103 Zip Code | Unliquidated Disputed | | | |
| | Who incurred the deb | | Zip Oode | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | |
| | Debtor 2 only | | | | | | |
| | Debtor 1 and Debt | or 2 only | | | | | |
| | At least one of the | debtors and another | | | | | |
| | Check if this claim relates to a community debt Is the claim subject to offset? ✓ No | | | Other. Specify Old cable bills | | | |
| | | | | | | | |
| | Yes | | | | | | |

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| Debtor 1 | Cari | | <u> </u> | Doddins | Case number (if known) | | |
|------------------------|---|------------|---------------------|--|--|--|--|
| | First Name | ı ı | Middle Name | Last Name | | | |
| Part 3: | List Others to Be | Notified A | bout a Debt That Yo | u Already Listed | | | |
| colle colle cred | Use this page only if you have others to be notified about youllection agency is trying to collect from you for a debt youllection agency here. Similarly, if you have more than or creditors here. If you do not have additional persons to be | | | ou owe to someone else, I ne creditor for any of the d notified for any debts in P | ist the original creditor in Parts 1 or 2, then list the lebts that you listed in Parts 1 or 2, list the additional larts 1 or 2, do not fill out or submit this page. | | |
| Nam | Name 111 W JACKSON BLVD S-400 | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| 111 | | | | Line 4.8 of (Check | Tart 1. Greaters with Thomy encodered claims | | |
| Nur | Number Street | | | one): | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| CHI | CAGO I | llinois | 60604 | Last 4 digits of account | number | | |
| City | , | State | Zip Code | Last 1 digits of account | | | |

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Dobbins Last Name Debtor 1 Carl Case number (if known) First Name Middle Name

| Part 4: Add the Amounts for Each Type of Unsecured Claim | | | | | | | | |
|---|---|-----|-------------------|--|--|--|--|--|
| 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. | | | | | | | | |
| | | | Total claims | | | | | |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 | | | | | |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$0.00 | | | | | |
| | 6c. Claims for death or personal injury while you were intoxicated | | 6c. \$0.00 | | | | | |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$9,368.97 | | | | | |
| | 6e. Total. Add lines 6a through 6d. | | \$9,368.97 | | | | | |
| | | | Total claims | | | | | |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$0.00 | | | | | |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | \$0.00 | | | | | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 | | | | | |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | | \$12,907.90 | | | | | |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$12,907.90 | | | | | |

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| Fill in this infor | mation to identify your c | ase: | |
|---------------------------|---------------------------|-------------|------------------------------|
| Debtor 1 | Carl | E. | Dobbins |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Sankruptcy Court for the: | Northern | District of Illinois (State) |
| Case number (If known) | | | (etato) |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or comp | any with whom you have | the contract or lease | State what the contract or lease is for |
|-----|--|------------------------|-----------------------|---|
| 2.1 | Joseph, Eric Name 10737 S. Prairie | | | Residential Lease, Debtor is Lessee, Month to month lease |
| | Number | Street | | |
| | Chicago | Illinois | 60628 | |
| | City | State | Zip Code | |

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| Fill in this info | rmation to identify your o | ase: | | |
|---------------------|----------------------------|--------------------------------|--------------------------------|--|
| Debtor 1 | Carl | E. | Dobbins | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States | Bankruptcy Court for the: | Northern | District of Illinois | |
| Case number | | | (State) | |
| (If known) | | | | - |
| | | | | Check if this is an |
| | | | | amended filing |
| Official | Form 106H | | | |
| Omolai | 1 01111 10011 | | | |
| Schedul | le H: Your Cod | debtors | | 12/15 |
| | | | | complete and accurate as possible. If two married people are |
| the entries in | | | | pace is needed, copy the Additional Page, fill it out, and number of any Additional Pages, write your name and case number (if |
| 1. Do you h | ave any codebtors? (If ye | ou are filing a joint case, do | not list either spouse as a | codebtor.) |
| ✓ No | | | | |
| Yes | 3 | | | |
| 2. Within th | ie last 8 vears, have vou | lived in a community pro | operty state or territory? | Community property states and territories include Arizona, California, |
| | | | ashington, and Wisconsin. | |
| ✓ No. | Go to line 3. | | | |
| ب ا | . Did vour soouse, forme | er spouse, or legal equiva | alent live with you at the tir | ne? |
| | No | o. op oaco, o. loga. oquit | | |
| | - | | | |
| ш | Yes. In which communi | ly state or territory did yo | u live? | _ Fill in the name and current address of that person. |
| | Name of your spouse, f | ormer spouse, or legal equ | ivalent | |
| | | | | <u> </u> |
| | Number Street | | | |
| | City | State | Zip Cod | 3 |
| | | | | |

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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| Fill in this i | nformation to identify | vour case: | | | | | | |
|---|--|--|---------------------------------|--|-------------------|-------------------|---|------------------|
| Debtor 1 | Carl First Name | E. Middle Name | Dobbi Last N | | | – Che | ock if this is: | |
| Debtor 2 (Spouse, if filing | ng) First Name | Middle Name | Last N | ame | | | An amended filing | |
| United State the: | es Bankruptcy Court for | Northern | _ District of Illi | nois State) | | | A supplement showing posexpenses as of the followin | |
| Case number (If known) | er | | | | | - | MM / DD / YYYY | |
| Official | Form 106I | | | | | | | |
| Schedu | ule I: Your In | come | | | | | | 12/15 |
| information spouse. If n number (if I | about your spouse. I | | d your spous | se is | not filing | with you, do | not include information | about your |
| 1. Fill in yo | our employment | | Debtor 1 | | | | Debtor 2 | |
| If you ha | ave more than one job, separate page with ion about additional | Employment status Occupation | Employed Not Employed Doorman | | | | Employed Not Employed | |
| | oart time, seasonal, or lloyed work. | Employer's name | 5757 N St | 5757 N Sheridan Condo Association 5757 N Sheridan Road Number Street | | | | |
| Occupat | ion may include student maker, if it applies. | Employer's address | | | | | Number Street | |
| | | | Chicago City 4 years 9 1 | mont | Illinois State | 60660 Zip Code | City Sta | te Zip Code |
| | | How long employed there? | 4 years 9 i | ПОП | 113 | | | |
| Part 2: G | ive Details About N | Nonthly Income | | | | | | |
| spouse unl | ess you are separated. | the date you file this form | - | | | | | |
| | e, attach a separate she | | | | | ebtor 1 | For Debtor 2 or | olom ii you nood |
| | | ary, and commissions (befo , calculate what the monthly | | 2. | | \$2,558.83 | non-filing spouse | |
| 3. Estima | ate and list monthly ove | rtime pay. | | 3. | | + \$0.00 | | |
| 4. Calcu | late gross income. Add l | ine 2 + line 3. | | 4. | | \$2,558.83 | | |

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| Dep | tor 1 <u>Carl</u> First Name | E. Middle Name | Last Name | | Case number | (if | | |
|----------------------|---|---|----------------|------------|------------------------|-----------------------------------|-------|-------------------------------------|
| | riistivaine | Middle Name | Last Name | | known) For Debtor 1 | For Debtor 2 or non-filing spouse | | |
| Co | ppy line 4 here | | → 4 | ١. | \$2,558.83 | | | |
| | st all payroll dedu | | | | | | | |
| | | and Social Security deductions | 5 | ia. | \$0.00 | | | |
| 51 | o. Mandatory con | tributions for retirement plans | 5 | ib. | \$0.00 | | | |
| 50 | c. Voluntary contr | ibutions for retirement plans | 5 | ic. | \$0.00 | | | |
| 50 | d. Required repay | ments of retirement fund loans | 5 | id. | \$0.00 | | | |
| 5 | e. Insurance | | 5 | ie. | \$0.00 | | | |
| 51 | f. Domestic suppo | rt obligations | 5 | if. | \$0.00 | | | |
| 5 | g. Union dues | | 5 | ig. | \$0.00 | | | |
| 51 | n. Other deductio | ns. Specify: | | ih. + | \$0.00 + | | | |
| 6. Ac +5h. | ld the payroll ded | uctions. Add lines 5a + 5b + 5c + 5d + 5e + | 5f + 5g 6 | 6. | \$0.00 | | | |
| 7. C a | ilculate total mon | thly take-home pay. Subtract line 6 from lin | ne 4. 7 | ' . | \$2,558.83 | | | |
| 8. Li s | st all other incom | e regularly received: | | | | | | |
| 88 | business, profes | • | | | | | | |
| | | nt for each property and business showing rdinary and necessary business expenses, an net income. | | Ba. | \$0.00 | | | |
| 81 | o. Interest and div | ridends | 8 | Bb. | \$0.00 | | | |
| 80 | c. Family support dependent regu | payments that you, a non-filing spouse, o larly receive | ra | | | | | |
| | | spousal support, child support, maintenance att, and property settlement. | | Bc. | \$0.00 | | | |
| 80 | d. Unemployment | compensation | 8 | ßd. | \$0.00 | | | |
| 86 | e. Social Security | | 8 | Be. | \$0.00 | | | |
| 81 | Include cash assi cash assistance tl | ent assistance that you regularly receive stance and the value (if known) of any non- nat you receive, such as food stamps (benefi mental Nutrition Assistance Program) or s | | ßf. | \$0.00 | | | |
| 89 | g. Pension or retir | rement income | 8 | ßg. | \$0.00 | | | |
| 81 | n. Other monthly i | ncome. Specify: | 8 | 3h. + | \$0.00 + | | | |
| 9. Ac | ld all other incom | e Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g | ı + 8h. 9 |). | \$0.00 | | | |
| | | income. Add line 7 + line 9. e 10 for Debtor 1 and Debtor 2 or non-filing s | | 0. | \$2,558.83 + | | = | \$2,558.83 |
| In fri | clude contributions ends or relatives. | ular contributions to the expenses that your strom an unmarried partner, members of your mounts already included in lines 2-10 or amounts | ur household | , your | dependents, your roomm | | | |
| S | pecify: | | | | | | 11. + | \$0.00 |
| | | the last column of line 10 to the amount a the Summary of Schedules and Statistical S | | | | | 12. | \$2,558.83 Combined monthly income |
| 13. | No. | ncrease or decrease within the year after | r you file thi | s form | 1? | | | |
| | Yes. Explain: | | | | | | | |

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| | | Docu | ment Page 41 of 7 | 7 | |
|---|--|--|--|-------------------------|---|
| Fill in this inform | mation to identify your | case: | | | |
| Debtor 1 | Carl First Name | E. Middle Name | Dobbins Last Name | | |
| Debtor 2 | | | | Check if this is: | ng. |
| (Spouse, if filing) | First Name | Middle Name | Last Name | An amended filin | |
| United States B | ankruptcy Court for the | : Northern [| District of Illinois (State) | | nowing post-petition chapter 13 the following date: |
| Case number (If known) | | | | MM / DD / YYYY | , |
| Official | Form 106J | | | | |
| | e J: Your Exp | oenses | | | 12/15 |
| (if known). Answer | wer every question. cribe Your Househo | | form. On the top of any addition | al pages, write your na | ame and case number |
| 1. Is this a join | | | | | |
| | to line 2 | | | | |
| Yes. Do | oes Debtor 2 live in a : | separate household? | | | |
| | No Yes. Debtor 2 must | file Official Forms 106J-2, <i>Expen</i> | ses for Separate Household of Deb | or 2. | |
| 2. Do you have | e dependents? | No | | | |
| Do not list D Debtor 2. | | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| 3. Do your exp expenses of than yourself and dependents | people other | No Yes | | | |
| Part 2: Estir | nate Your Ongoing | Monthly Expenses | | | |
| - | f a date after the ban | | ou are using this form as a suppl plemental Schedule J, check the | • | - |
| | • | cash government assistance it on Schedule I: Your Income | • | | Your expenses |
| | or home ownership e r the ground or lot. 4. | xpenses for your residence. In | clude first mortgage payments and | | \$800.00 |
| If not incl | uded in line 4: | | | | |

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Carl E. Dobbins Case number (if known)
First Name Middle Name Last Name

| I list Name ivilidie vanie Last Name | | |
|---|------------|------------------|
| | | Your expenses |
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$0.00 |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$282.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$0.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$222.00 |
| 6d. Other. Specify: | 6d | \$0.00 |
| 7. Food and housekeeping supplies | 7. | \$345.00 |
| 8. Childcare and children's education costs | 8. | \$0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$100.00 |
| 10. Personal care products and services | 10. | \$30.00 |
| 11. Medical and dental expenses | 11. | \$100.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments | 12. | \$100.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$0.00 |
| 14. Charitable contributions and religious donations | 14. | \$0.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a | \$0.00 |
| 15b. Health insurance | 15b | \$0.00 |
| 15c. Vehicle insurance | 15c | \$119.00 |
| 15d. Other insurance. Specify: | 15d | \$0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| Specify: | 16 | \$0.00 |
| 17. Installment or lease payments: | 10 | |
| 17a. Car payments for Vehicle 1 | 17a | \$0.00 |
| 17b. Car payments for Vehicle 2 | 17b | \$0.00 |
| 17c. Other. Specify: | 17c | \$0.00 |
| 17d. Other. Specify: | 17d | \$0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from | | \$0.00 |
| your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | |
| 19.Other payments you make to support others who do not live with you. | | |
| Specify: | 19. | \$0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property | 200 | 00.00 |
| 20b. Real estate taxes. | 20a 20b | \$0.00 \$0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20b | |
| 20d. Maintenance, repair, and upkeep expenses. | 20c | \$0.00 |
| 20e. Homeowner's association or condominium dues | 20d | \$0.00 |
| 253. Tomos a abbondator of contactinitum adds | 20e | \$0.00 |

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| Debtor 1 | | | E. | Dobbins | Case number (if known) | | | |
|------------|----------|------------------------|--------------------------|--|------------------------|-----|---|------------|
| | First Na | me | Middle Name | Last Name | | | | |
| 21.Other | . Speci | fy: | | | | 21 | | \$0.00 |
| | | | | | | | | |
| | - | our monthly expens | es. | | | | | \$2,098.00 |
| | | es 4 through 21. | | | | | | \$0.00 |
| | | , , , | ,, | , from Official Form 106J-2 | | | | \$2,098.00 |
| 22c. A | Add line | 22a and 22b. The re | sult is your monthly exp | penses. | | 22. | | |
| 23.Calcu | late y | our monthly net inco | ome. | | | | | |
| 23a. (| Copy lir | ne 12 (your combined | monthly income) from | Schedule I. | | 23a | | \$2,558.83 |
| 23b. (| Сору у | our monthly expenses | s from line 22 above. | | | 23b | _ | \$2,098.00 |
| | | | ses from your monthly | income. | | | | \$460.83 |
| - | The res | ult is your monthly ne | et income. | | | 23c | | |
| 24 Do vo | nii eyn | act an increase or d | ecrease in vour expen | ses within the year after | you file this form? | | | |
| - | | | | - | | | | |
| | | | | loan within the year or do y modification to the terms of | | | | |
| more | yaye p | ayinent to increase or | decrease because of a | inodilication to the terms of | your mongage: | | | |
| ✓ ▷ | Ю | | | | | | | |
| ΠY | 'es | | | | | | | |
| | | E salata bassa | | | | | | |
| | | Explain here: | | | | | | |
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| | | | | | | | | |

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| Fill in this information to identify your case: | | | | | | | | | |
|---|---------------------------|-------------|------------------------------|--|--|--|--|--|--|
| Debtor 1 | Carl | E. | Dobbins | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | |
| Debtor 2 | | | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | | | | | | |
| Case number | - | | | | | | | | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information. $\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{1}{2} \right)$

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Pai | t 1: Sign Below | | | | | | | | | |
|---|--|---|--|--|--|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | | | | | |
| | ✓ No | | | | | | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and | | | | | | | | |
| × | /s/ Carl Dobbins | * | | | | | | | | |
| | Signature of Debtor 1 | Signature of Debtor 2 | | | | | | | | |
| | Date 7/19/2018 | Date | | | | | | | | |
| | MM/DD/YYYY | MM/DD/YYYY | | | | | | | | |

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| Fill i | n this info | ormation to identify your | case: | | | | | |
|-----------------|---------------------|---|-----------------------------------|---------------------------|-----------------------|-------------|-------------------|-----------------------------------|
| Deb | tor 1 | Carl | E. | Dobb | ins | | | |
| Dob | tor 2 | First Name | Middle I | Name Last N | Name | | | |
| | use, if filing) | First Name | Middle I | Name Last N | Name | | | |
| Unit | ed States | Bankruptcy Court for the: | Northern | District of I | | | | |
| Case (If kno | e numbei own) | r | | (| State) | | | |
| Of | ficial | Form 107 | | | | | | Check if this is a amended filing |
| Sta | ateme | ent of Financia | al Affairs f | or Individual | s Filing for | r Bankru | ptcy | 04/1 |
| Be a | s compl rmation. | lete and accurate as po . If more space is need nown). Answer every o | ssible. If two med, attach a sepa | arried people are fili | ng together, both | are equally | responsible for s | |
| Pari | ti: Giv | e Details About Your | Marital Status | and Where You Liv | ved Before | | | |
| 1. | What i | s your current marital st | atus? | | | | | |
| | | arried | | | | | | |
| | | ot married | | | | | | |
| 2. | During | the last 3 years, have y | ou lived anywhere | e other than where yo | u live now? | | | |
| | ✓ No | o es. List all of the places y | ou lived in the last | t 3 years. Do not includ | de where you live r | now. | | |
| | De | ebtor 1: | | Dates Debtor 1 live there | Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | | Same as | Debtor 1 | | Same as Debtor 1 |
| | N | umber Street | _ | From | Number Stre | et | | From |
| | _ | | | To | | | | To |
| | Ci | ity State | Zip Code | | City | State | Zip Code | |
| | | • | II | | | Debtor 1 | p | Same as Debtor 1 |
| | Nı | umber Street | | From | Number Stre | et | | From |
| | _ | | | To | | | | То |
| | Ci | ity State | Zip Code | | City | State | Zip Code | |
| 3. | and territ | he last 8 years, did you e tories include Arizona, Calif | ornia, Idaho, Louis | iana, Nevada, New Mex | kico, Puerto Rico, Te | | | nmunity property states |
| | ⊔ Yes | s. Make sure you fill out S | criedule H: Your | Codebiors (Official Fo | iiii IUOH). | | | |

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| Deb | tor 1 | Carl E. | | | Case number (if known) | |
|------|---------------------------------|--|---|---|--|--|
| | | First Name Middle | e Name Last | Name | | |
| Part | 2: | Explain the Sources of Your Inc | come | | | |
| 4. | Fill i | you have any income from employm n the total amount of income you receiv vities. If you are filing a joint case and yo No Yes. Fill in the details. | ved from all jobs and all b | usinesses, including part- | time | ars? |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions a exclusions) | Sources of income and Check all that apply. | Gross income (before deductions and exclusions) |
| | | rom January 1 of current year until e date you filed for bankruptcy: | Wages, commissions, bonuses, tips Operating a business | \$13000.00 | Wages, commissions, bonuses, tips Operating a business | |
| | | or last calendar year: anuary 1 to December 31, | Wages, commissions, bonuses, tips Operating a business | \$24000.00 | Wages, commissions, bonuses, tips Operating a business | |
| | | or the calendar year before that: anuary 1 to December 31, 2016) YYYY | Wages, commissions, bonuses, tips Operating a business | \$32000.00 | Wages, commissions, bonuses, tips Operating a business | |
| | Inclu publ filing List | you receive any other income during ade income regardless of whether that in ic benefit payments; pensions; rental including a joint case and you have income that each source and the gross income from No Yes. Fill in the details. | ncome is taxable. Example come; interest; dividends; you received together, lis | es of other income are alim money collected from law t it only once under Debto | vsuits; royalties; and gambling and lord 1. | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income fro each source (before deductions and exclusions) | Describe below. | Gross income from each source (before deductions and exclusions) |
| | | rom January 1 of current year until he date you filed for bankruptcy: | | | | |
| | | or last calendar year: January 1 to December 31, 2017) YYYY | | | | |
| | | or the calendar year before that: January 1 to December 31, 2016) YYYYY | | | | |
| | | | | _ | | |

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Dobbins Debtor 1 Carl Case number (if known) Last Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors

Other

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| Within Insiders corpora agent, i such as | rs include your r ations of which | elatives; an | | did you make a pa | | | vho was an insider? |
|--|--------------------------------------|--------------|--|------------------------------------|--------------------|----------------------|--|
| Insiders corpora agent, i such as | rs include your r ations of which | elatives; an | | | | | |
| No. | s child support | or a busine | ess you operate as | person in control, o | or owner of 20% or | more of their voting | ou are a general partner; securities; and any managing domestic support obligations, |
| · | es. List all payr | nents to a | n insider. | | | | |
| | | | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| Ins | sider's Name | | _ | | | | |
| Nu | ımber Street | | | | | | |
| City | ty | State | Zip Code | | | | |
| Ins | sider's Name | | | | | | |
| Nu | ımber Street | | | | | | |
| City | ty | State | Zip Code | | | | |
| insider Include V | r? e payments on o | debts guara | for bankruptcy, of anteed or cosigned benefited an ins | ed by an insider. ider. Dates of | Total amount | Amount you | n account of a debt that benefited an Reason for this payment |
| | | | | payment | paid | still owe | Include creditor's name |
| Ins | sider's Name | | | | | | |
| Nu | ımber Street | | | | | | |
| City | ty | State | Zip Code | | | | |
| Ins | sider's Name | | | | | | |
| | | | | | | | |
| Nu | ımber Street | | | | | | |

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Debtor 1 Carl **Dobbins** Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property **Booted Car** \$0 07/2018 City of Chicago - Parking and red Light Tickets Creditor's Name Explain what happened Department of Revenue - PO Box 88292 Number Street Property was repossessed. Property was foreclosed. Chicago Illinois 60680 Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 | Carl | E. | Dobbins | Case number (if known) | | |
|------|----------|---|-----------------------|--|---------------------------|--------------------------------|--------------------|
| | | First Name | Middle Name | Last Name | <u> </u> | | |
| 11. | | thin 90 days before you filed fo counts or refuse to make a pa | | ny creditor, including a bank or owed a debt? | financial institution, se | t off any amour | nts from your |
| | ✓ | No Yes. Fill in the details. | | | | | |
| | | | | Describe the action the credi | | Date action was taken | Amount |
| | | Creditor's Name | | | | | |
| | | Number Street | | | | | |
| | | | | Last 4 digits of account number | r: XXXX- | | |
| | | City State | Zip Code | | | | |
| 12. | | hin 1 year before you filed for pointed receiver, a custodian, | | y of your property in the posses | sion of an assignee for t | he benefit of c | reditors, a court- |
| | ✓ | No Yes | | | | | |
| Part | a. | List Certain Gifts and Con | stributions | | | | |
| rait | J. | List oci talli diris dila con | ia ibadorio | | | | |
| 13. | Wi | | or bankruptcy, did yo | ou give any gifts with a total va | lue of more than \$600 p | er person? | |
| | | No Yes. Fill in the details for eac | ch gift. | | | | |
| | | Gifts with a total value of mo | ore than \$600 | Describe the gifts | | Dates you gave the gifts | Value |
| | | | | | | | |
| | | Person to Whom You Gave the | e Gift | | | | |
| | | Number Street | | | | | |
| | | | | | | | |
| | | City State | Zip Code | | | | |
| | | Person's relationship to you | | | | | |
| | | Person to Whom You Gave the | e Gift | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to you | Zip Code | | | | |

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| ebtor 1 | Carl | E. | Dobbins | ase number (if known) | |
|----------|--|---------------------------------|---|--------------------------------|-------------------------------|
| | First Name | Middle Name | Last Name | · / | |
| | | | | | |
| Wit | thin 2 years before you f | filed for bankruptcy, did | d you give any gifts or contributions w | ith a total value of more than | \$600 to any charity? |
| ~ | No | | | | |
| Ë | ı İ. Yes. Fill in the details fo | or each gift or contribut | ion | | |
| | | - | | | |
| | Gifts or contributions | | Describe what you contributed | Date you contribute | Value |
| | that total more than \$ | 0000 | | Contribute | ea |
| | | | _ | | <u> </u> |
| | Charity's Name | | | | |
| | - | | _ | | |
| | | | | | |
| | Number Street | | _ | | |
| | - | | _ | | |
| | City State | e Zip Code | | | |
| | | | | | |
| t 6: | List Certain Losses | | | | |
| | | | | | |
| | | ed for bankruptcy or si | nce you filed for bankruptcy, did you | ose anything because of theft | , fire, other disaster, or |
| yaı | mbling? | | | | |
| ✓ | No | | | | |
| П | Yes. Fill in the details. | | | | |
| | Describe the preparty | you lost and | Describe any insurance coverage | e for the loss Date of ye | Notice of property |
| | Describe the property how the loss occurred | | Include the amount that insurance | | our Value of property lost |
| | | • | pending insurance claims on line 3 | | |
| | | | A/B: Property. | | |
| | | | | | |
| | | | | | |
| t 7: | List Certain Paymen | nts or Transfers | | | |
| | No | | | | |
| ✓ | Yes. Fill in the details. | | | | |
| | | | Description and value of any pro | perty Date payn | nent Amount of |
| | | | transferred | or transfe | • • |
| | | | | was made | |
| | Semrad Law Firm | | Attorney's Fee - 0.00 | 7/19/2018 | \$0.00 |
| | Person Who Was Paid | | | | |
| | 20 S. Clark Street | | - | | |
| | Number Street | | | | |
| | 28th Floor | | _ | | |
| | Chicago Illino | ois 60603 | | | |
| | City State | | - | | |
| | | | | | |
| | Email or website address | | | | |
| | | S | | | |
| | Doroon Who Made the | | - | | |
| | Person Who Made the F | | - | | |
| | | | - | | |
| | Person Who Made the F | | - | | |
| | Person Who Was Paid | | - | | |
| | | | - | | |
| | Person Who Was Paid | | - | | |
| | Person Who Was Paid | | - | | |
| | Person Who Was Paid | Payment, if Not You | - - - | | |
| | Person Who Was Paid Number Street City State | Payment, if Not You Example 2 | - | | |
| | Person Who Was Paid Number Street | Payment, if Not You Example 2 | - - - - - | | |
| | Person Who Was Paid Number Street City State | Payment, if Not You e Zip Code | - - - - - | | |

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| Debt | or 1 | | E. | Dobbins | Case number (if know) | n) | |
|-----------|--------------|---|-------------------------|---|--------------------------|---|------------------------------|
| | | First Name | Middle Name | Last Name | <u>-</u> | | |
| 17. | help | nin 1 year before you filed you deal with your credi not include any payment or | tors or to make paym | | behalf pay or transfe | r any property to an | yone who promised to |
| | ✓ | No Yes. Fill in the details. | | | | | |
| | Ш | res. Fill III the details. | | B | | Date | A |
| | | | | Description and value of any transferred | property | Date payment or transfer was made | Amount of payment |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | Inclu and | transfers that you have alre | and transfers made as s | security (such as the granting of a se | curity interest or mortg | age on your property) | . Do not include gifts |
| | | Yes. Fill in the details. | | | | | |
| | | | | Description and value of prop transferred | | ny property or eceived or debts pai e | Date transfer was made |
| | | Person Who Received Tran | nsfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to yo | Zip Code ou | | | | |
| | | Person Who Received Trans | nsfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to yo | Zip Code ou | | | | |
| 9. | ben | nin 10 years before you fil eficiary? ese are often called asset-pr | | d you transfer any property to a se | elf-settled trust or sin | milar device of which | ı you are a |
| | _ | No | , | | | | |
| | Ш | Yes. Fill in the details. | | Description and value of the | property transferred | I | Date transfer was |
| | | Name of trust | | | | | made |
| | | . amo or truot | | | | | |

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Debtor 1 Carl **Dobbins** Case number (if known) List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code City State Zip Code

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| ebtor 1 | | | Dobbins | Cas | se number (if known) | |
|------------|--|-------------------|-----------------|---------------------|---|----------------|
| | First Name Middle Name | | ast Name | | | |
| t 9: | Identify Property You Hold or Control | l for Someor | ne Else | | | |
| Do | you hold or control any property that some | one else owns | s? Include an | v property you b | orrowed from, are storing for, or hold in | trust for |
| | neone. | | | , property you b | g, a.o o.og, c | |
| | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| Ш | res. I ili ili tre detalis. | | | | | |
| | | Where is t | he property? | | Describe the contents | Value |
| | Owner's Name | NumberSt | reet | | | |
| | | | | | | • |
| | Number Street | | | | | |
| | | O:h | 01-1- | 7:- 01- | | |
| | | City | State | Zip Code | | |
| | City State Zip Code | • | | | | |
| + 10. | Give Details About Environmental In | formation | | | | |
| -10 | GIVE DETAILS ADOUT ETIVITOTITIETITATITI | nomation | | | | |
| the | ourpose of Part 10, the following definitions ap | ply: | | | | |
| ■ <i>E</i> | Environmental law means any federal, state, or l | ocal statute or | regulation con | cerning pollution, | contamination, releases of | |
| | azardous or toxic substances, wastes, or mate | | | | | |
| II | ncluding statutes or regulations controlling the | cleanup of thes | se substances, | wastes, or mater | 1al. | |
| | Dite means any location, facility, or property as concurred to own, operate, or utilize it, including d | | ny environmer | ntal law, whether y | you now own, operate, or utilize it | |
| C | r used to own, operate, or utilize it, including d | iispusai sites. | | | | |
| | <i>dazardous material</i> means anything an environn oxic substance, hazardous material, pollutant, c | | | lous waste, hazar | rdous substance, | |
| | | | | | | |
| port a | Il notices, releases, and proceedings that you k | tnow about, reg | jardless of who | en they occurred. | | |
| | | | 1 | | | |
| па | s any governmental unit notified you that yo | ou may be man | ne or potentia | any nable under | or in violation of an environmental laws | |
| ✓ | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | Governme | ntal unit | | Environmental law, if you know it | Date of |
| | | | | | | notice |
| | Name of site | Governme | ntal unit | | | |
| | | | | | | |
| | Number Street | NumberStr | eet | | | |
| | | City | State | Zip Code | | |
| | . <u>.</u> | Oity | Otate | Zip Oode | | |
| | City State Zip Code | | | | | |
| Ha | ve you notified any governmental unit of an | v release of h | azardous mot | erial? | | |
| ı ıd | o you not not any governmental unit of all | , i cioase di lle | azu: uvus iiidl | o.iui. | | |
| ✓ | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | Governme | ntal unit | | Environmental law, if you know it | |
| | | | | | | Date of |
| | | Governme | atal unit | | | Date of notice |
| | Name of site | | itai uiii | | | |
| | Name of site | | | | | |
| | Name of site Number Street | NumberStr | | | | |
| | | NumberStr | reet | Zin Co.d- | | |
| | | | | Zip Code | | |

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| Deb | tor 1 | | E | | Dobbins | Case | e number <i>(it</i> | fknown) | | |
|------|----------|----------------------------|-----------------|-------------------|--|----------------------------------|---------------------|-------------------------|-------------|-----------------------|
| | | First Name | | Middle Name | Last Name | | | | | |
| 26. | Hav | e you been a party | y in any judici | al or administr | rative proceeding unde | er any environmen | tal law? In | clude settlements a | ind orders. | |
| | | No Yes. Fill in the det | ails. | | | | | | | |
| | | | | | Court or agency | | Nature o | of the case | | Status of the case |
| | | Case title | | | Court Name | | | | [| Pending |
| | | Case number | | | NumberStreet | | | |] | On appeal |
| | | | | | City State | Zip Code | | | | Concluded |
| Pari | t 11: | Give Details Ab | oout Your B | usiness or Co | onnections to Any B | usiness | | | | |
| 27. | Witl | nin 4 years before | you filed for b | ankruptcy, did | d you own a business o | r have any of the f | following c | onnections to any b | usiness? | |
| | | | | | ade, profession, or other | - | ull-time or p | oart-time | | |
| | | A member of A partner in a | | lity company (L | LC) or limited liability p | eartnership (LLP) | | | | |
| | | | | aging executiv | e of a corporation | | | | | |
| | | An owner of a | at least 5% of | the voting or e | equity securities of a co | rporation | | | | |
| | ✓ | No. None of the a | | | | husinasa | | | | |
| | Ш | Yes. Check all tha | at apply abov | e and till in the | details below for each Describe the national details below for each | DUSINESS. ture of the busines | SS | Employer Identific | eation numb | per Do not |
| | | | | | | | | include Social Sec | | |
| | | Business Name | | | _ | | | EIN: | | |
| | | Number Street | | | Name of accoun | tant or bookkeep | er | Dates business ex | isted | |
| | | City | State | Zip Code | | | | FromT | ō | _ |
| | | | | | | | | | | |
| | | | | | Describe the na | ture of the busines | ss | Employer Identific | | |
| | | Business Name | | | _ | | | EIN: | | |
| | | Number Street | | | _ | | | Dates business ex | risted | |
| | | City | State | Zip Code | Name of accoun | tant or bookkeep | er | FromT | -n | |
| | | • | | | | | | 1101111 | | _ |
| | | | | | | | | | | |
| | | | | | Describe the na | ture of the busines | ss | Employer Identification | | |
| | | Business Name | | | _ | | | EIN: | | |
| | | Number Street | | | Name of accoun | tant or bookkeep | er | Dates business ex | risted | |
| | | City | State | Zip Code | _ | | | FromT | ō | _ |
| | | | | | | | | | | |

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| Debt | tor 1 Carl | | E. | Dobbins | Case number (if known) |
|--------|---------------------------|---|---------------------|-----------------------------|---|
| | First Name | | Middle Name | Last Name | |
| 28. | creditors, or | rs before you filed foother parties. In the details below. | | rou give a financial state | ment to anyone about your business? Include all financial institutions, |
| | | Traio dotallo bolow. | | Date issued | |
| | | | | Date Issued | |
| | Name | | | MM/DD/YYYY | _ |
| | Number | Street | | <u> </u> | |
| | Number | Olicot | | | |
| | City | State | Zip Code | _ | |
| Part | 12: Sign Be | | | | |
| | | case can result in fi | nes up to \$250,000 | | perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | Signature of Debte | | | Signature of Debtor 2 |
| | | | | | Date |
| [[| No Yes Did you pay or No | agree to pay some | | f Financial Affairs for Ind | |
| | Yes. Name | of person | | | Attach the Bankruptcy Petition Preparer's Notice, |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| | Northe | ern District of Illinois | |
|------|--|--|---------------------------------------|
| n re | Carl E. Dobbins | Case No. | |
| | Debtor | - | (If known) |
| | | Chapter | Chapter 13 |
| | DISCLOSURE OF COMPENS | SATION OF ATTORNE | Y FOR DEBTOR |
| 1 | . Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fi rendered or to be rendered on behalf of the debtor(s) in | iling of the petition in bankruptcy, or ag | reed to be paid to me, for services |
| | For legal services, I have agreed to accept | | \$4,000.00 |
| | Prior to the filing of this statement I have received | | \$0.00 |
| | Balance Due | | \$4,000.00 |
| 2 | . The source of the compensation paid to me was: | | |
| | ✓ Debtor Oth | ner (specify) | |
| 3 | . The source of the compensation paid to me is: | | |
| | ✓ Debtor Oth | er (specify) | |
| 4 | . I have not agreed to share the above-disclosed comembers and associates of my law firm. | ompensation with any other person unle | ess they are |
| | I have agreed to share the above-disclosed compermembers or associates of my law firm. A copy of the people sharing in the compensation, is attached | the agreement, together with a list of th | |
| 5 | . In return for the above-disclosed fee, I have agreed to | render legal service for all aspects of th | e bankruptcy case, including: |
| | a. Analysis of the debtor's financial situation, and bankruptcy; | d rendering advice to the debtor in dete | rmining whether to file a petition in |
| | b. Preparation and filing of any petition, schedule | es, statements of affairs and plan which | ı may be required; |
| | c. Representation of the debtor at the meeting of | f creditors and confirmation hearing, an | d any adjourned hearings thereof; |
| | d. Representation of the debtor in adversary production | ceedings and other contested bankrupto | cy matters; |
| 6 | . By agreement with the debtor(s), the above-disclosed | fee does not include the following serv | ices: |
| | | | |
| | | CERTIFICATION | |
| | I certify that the foregoing is a complete statement of antor(s) in this bankruptcy proceedings. | ny agreement or arrangement for payme | ent to me for representation of the |
| | 7/19/2018 | /s/ Elizabeth Placek | |
| | Date | Signature of Attorney | |
| | | Semrad Law Firm | |
| | | Name of law firm | |

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

 However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. *Discharge of the attorney*. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$343.47
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$33.47 for expenses, leaving a balance due of \$4,343.47
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | //19/2018 | |
|----------|-----------|------------------------|
| Signed: | | |
| /s/ Carl | Dobbins | |
| | | /s/ Elizabeth Placek |
| Debtor(s | 3) | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$275 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$200 | filing fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Dobbins, Carl E. | Case No. | Case No | | |
|-----------------|---|--|-------------------------------------|--|--|
| | Debtor(s) | | | | |
| | | Chapter. | Chapter13 | | |
| | VERIFICA | ATION OF CREDITOR MAT | RIX | | |
| Th knowledge | ne above named Debtors hereby verify to a | hat the attached list of creditors is tr | ue and correct to the best of their | | |
| Date: | 7/19/2018 | /s/ Dobbins, Car Dobbins, Carl E. Signature of Deb | | | |

PRESTIGE FINANCIAL SVC 1420 S 500 W SALT LAKE CITY, UT, 84115

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE, FL, 32256

MERCHANTS & MEDCAL 6324 TAYLOR DR FLINT, MI, 48507

FIRST PREMIER BANK c/o Jefferson Capital Systems LLC PO Box 7999 c/o Linda Dold Saint Cloud, MN, 56302

AFNI, INC. PO Box 3517 Bloomington, IL, 61702

AMERICOLLECT INC PO BOX 1566 MANITOWOC, WI, 54221

BK OF AMER PO BOX 45144 JACKSONVILLE, FL, 32231

AD ASTRA RECOVERY SERV 7330 W 33RD ST N STE 118 WICHITA, KS, 67205

American Info LP agent for (Presence Health) PO Box 248838 Oklahoma City, OK, 73124-2522

Illinois Department of Healthcare & Family Service 100 S. Grand Ave E Springfield, IL, 62762

MCSI INC PO BOX 327 PALOS HEIGHTS, IL, 60463 White County Superior Court 110 N. Main St. PO BOX 1005 Monticello, IN, 47960-1005

Layng, Patrick S Office of the US Trustee, Region 11 219 S. Dearborn St. Room 873 Chicago, IL, 60604

CCI 501 Greene Street # 302 Augusta, GA, 30901

First Premier Bank 3820 N Louise Ave Sioux Falls, SD, 57107

MRS BPO LLC 1930 OLNEY AVE CHERRY HILL, NJ, 08003

PNC Bank 300 Fifth Ave 29th floor Pittsburgh, PA, 15222

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654

Marilyn O Marshall 224 South Michigan Ste 800 Chicago, IL, 60604

Semrad Law Firm 20 South Clark Street 28th Floor Chicago, IL, 60606

1st Loans #374 1916 E. 95 St. Chicago, IL, 60617-4787

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City of Chicago Department of Revenue 121 North LaSalle Street Chicago, IL, 60602

Firstsource Advantage LLC PO Box 628 Buffalo, NY, 14240

LAW OFFICES OF CRYST 119 ROCKLAND CENTER, SUITE 390 NANUET, NY, 10954

National Account Services 1246 University Ave W Saint Paul, MN, 55104

Illinois Department of Family Service c/o Shurnell Cooper 406 East Monroe Street Springfield, IL, 62701

Inbox Loan P.O. Box 881 Santa Rosa, CA, 95402

Freedom Cash Lenders Po Box 637 Lakeport, CA, 95453

My Quick Wallet PO Box 1144 Mission, SD, 57555

Speedy Cash 848 E Sibley Blvd Dolton, IL, 60419

Xfinity PO BOX 3001 Southeastern, PA, 19398

WoW Cable Co 118 East Wing Street Arlington Heights, IL, 60004 ComEd 1919 Swift Drive Oak Brook, IL, 60523

Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

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| Debtor 1 Carl | | Dobbins | Case number (if known) | |
|---|--|--|--|--|
| First Name | | Last Name | | |
| Part 6: Answer These Que | estions for Reporting Purposes | | | |
| 16. What kind of debts do you have? | No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily | primarily for a personal primarily for a perso | al, family, or household purp iness debts are debts that yo the operation of the busines | u incurred to obtain s or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that f | 7. Do you estimate that a | after any exempt property is ex distribute to unsecured creditor | cluded and administrative s? |
| unocource or cultors. | | | — | |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,00 10,001-25,0 | 0 🛱 50 | 001-50,000 001-100,000 re than 100,000 |
| 19. How much do you estimate your assets to be worth? | | \$50,000,001 | -\$50 million | 00,000,001-\$1 billion 000,000,001-\$10 billion 0,000,000,001-\$50 billion re than \$50 billion |
| 20. How much do you estimate your liabilities to be? Part 7: Sign Below | ▼ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million | \$50,000,001 | -\$50 million | 00,000,001-\$1 billion 000,000,001-\$10 billion 0,000,000,001-\$50 billion re than \$50 billion |
| Fait 7. Oigh Delow | I have exemined this petition of | ad I daalaya uaday waxa | | allan annidated la terra and |
| For you | I have examined this petition, a correct. If I have chosen to file under Ch of title 11, United States Code. under Chapter 7. | napter 7, I am aware tha I understand the relief | at I may proceed, if eligible, u available under each chapte | nder Chapter 7, 11,12, or 13 r, and I choose to proceed |
| | If no attorney represents me an out this document, I have obtain I request relief in accordance with I understand making a false state connection with a bankruptcy oboth. 18 U.S.C. §§ 152, 1341, /s/ Carl Dobbins Signature of Debtor 1 | ned and read the notice ith the chapter of title 1 tement, concealing pro case can result in fines | e required by 11 U.S.C. § 34 1, United States Code, spec perty, or obtaining money o up to \$250,000, or imprison | 2(b). ified in this petition. r property by fraud in |
| | | | Signature of Debtor 2 | |
| | Executed on 7/19/2018 MM / DE | 0/1 | Executed on | M / DD / YYYY |

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| Fill in this infor | mation to identify your o | ase: | | | |
|---------------------|---|--|---|--|---|
| Debtor 1 | Carl | E. | Dobbins | | |
| Debtor 2 | First Name | Middle Name | Last Name | 7 | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | | |
| Case number | | - | (State) | | |
| (If known) | | | | | |
| Official | Form 106De | e <u>C</u> | | | Check if this is a amended filing |
| Declarat | ion About an | Individual Deb | tor's Schedules | 3 | 12/1 |
| If two married | people are filing togeth | er, both are equally respo | onsible for supplying correc | et information. | |
| money or prop | erty by fraud in connect 1341, 1519, and 3571. | file bankruptcy schedules tion with a bankruptcy ca | or amended schedules. M se can result in fines up to | aking a false statement, concealing pro \$250,000, or imprisonment for up to 20 | perty, or obtaining years, or both. 18 |
| Did you p | ay or agree to pay some | eone who is NOT an attor | ney to help you fill out ban | kruptcy forms? | |
| ✓ No | | * | | | |
| Yes. | Name of person | | Attach Bankruptcy I Signature (Official F | Petition Preparer's Notice, Declaration, and iorn 119). | |
| | | | | | |
| | | | | | |
| | nalty of perjury, I declar are true and correct. | re that I have read the sur | mmary and schedules filed | with this declaration and | |
| 🗶 /s/ Carl I | Dobbins Ser | | × | | |
| Signature of | of Debtor 1 | | Signature | e of Debtor 2 | |

Signature of Debtor 2

MM/DD/YYYY

Date

Date 7/19/2018 MM/DD/YYYY

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| Debtor | | E. | Dobbins | Case number (fknown) | | | |
|-----------|--|----------------------|-----------------------------|---|--|--|--|
| | First Name | Middle Name | Last Name | | | | |
| 28. W | 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institution creditors, or other parties. | | | | | | |
| 5 | No Yes. Fill in the details below | | | | | | |
| - | | | Date issued | | | | |
| | | | Date Issued | | | | |
| | Name | | MM/DD/YYYY | | | | |
| | Number Street | | _ | * | | | |
| | Number Street | | | | | | |
| | City State | Zip Code | _ | | | | |
| - Service | 0: D.I | · | | | | | |
| Part 12 | Sign Below | | | | | | |
| tru | e and correct. I understand th ankruptcy case can result in f | at making a false st | atement, concealing pro | nments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | |
| | /s/ Carl Dobbi | nd sour for | | × | | | |
| | Signature of Debt | or 1 | | Signature of Debtor 2 | | | |
| | Date 7/19/2018 | | | Date | | | |
| Did | l you attach additional pages t | o Your Statement o | f Financial Affairs for Ind | ividuals Filing for Bankruptcy (Official Form 107)? | | | |
| [7] | l No | | | | | | |
| | Yes | | | | | | |
| Did | l you pay or agree to pay some | one who is not an a | ttorney to help you fill o | ut bankruptcy forms? | | | |
| V | No | | | | | | |
| | Yes. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Dobbins, Carl E. | Case No | |
|-----------------|---|---|-------------------------------------|
| | Debtor(s) | Case No. | |
| | | Chapter. | Chapter13 |
| | VERIF | ICATION OF CREDITOR MAT | RIX |
| TI knowledge | he above named Debtors hereby ver e. | ify that the attached list of creditors is tr | ue and correct to the best of their |
| Date: | 7/19/2018 | /s/ Dobbins, Carl Dobbins, Carl E. Signature of Deb | |

00

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| Debto | or 1 Carl First Name | E. Middle N | | obbins st Name | Case number (if known) | | |
|------------------|--|--|------------------------------|--------------------------------|---|-------------------------------------|--|
| Par | t 6: Executory | Contracts and Unexpire | d Leases | | | | |
| 6.1 | .1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. Check one. None. If "None" is checked, the rest of § 6.1 need not be completed or reproduced. Assumed items. Current installment payments will be disbursed either by the trustee or directly by the debtor(s), as specified below, subject to any contrary court order or rule. Arrearage payments will be disbursed by the trustee. The final column includes only payments disbursed by the trustee rather than by the debtor(s). | | | | | | |
| | Name of creditor | Description of leased property or executory contract | Current installment payment | Amount of arrearage to be paid | Treatment of arrearage o (Refer to other plan section if applicable) | Estimated total payments by trustee | |
| | Joseph, Eric | Month to month lease | \$800.00 | \$0.00 | , | <u>\$0.00</u> | |
| | | | Disbursed by: | | | | |
| | | | Trustee Debtor(s) | | | | |
| Par | t 7: Vesting of F | Property of the Estate | | | | | |
| 7.1 | | te will vest in the debtor(s) | upon. | | | | |
| | Check the applicable b | box: | (. | | | | |
| | plan confirmation. entry of discharge other | | | | | | |
| Par | t 8: Nonstanda | rd Plan Provisions | | | | | |
| 8.1 | | | | | | | |
| | None. If "None" is checked, the rest of Part 8 need not be completed or reproduced. | | | | | | |
| | Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective. | | | | | | |
| | The following plan p | rovisions will be effective o | nly if there is a check in | the box "Inclu | ded" in § 1.3. | | |
| | 1. Commencing with | the February 2020 plan paym | ent, PRESTIGE FINANCIA | AL SVC shall rece | ive set payments in the amour | nt of \$367.00 per month. | |
| | 2. PRESTIGE FINANC | IAL SVC shall receive pre-con | firmation adequate protect | tion payments in | the amount of \$84.00 per mo | onth. | |
| Par | t 9: Signature(s | s): | | ž. | | | |
| 9.1 | Signatures of Debtor | r(s) and Debtor(s)' Attorney | | | 7 | | |
| | | | | | 3 N OWN | | |
| If the sign b | Debtor(s) do not have a below. | an attorney, the Debtor(s) mu | st sign below; otherwise the | he Debtor(s) sigr | natures are optional. The attorn | ney for the Debtor(s), if any, must | |
| × | Con 1 | John | | x | | ŧ | |
| | Signature of Debtor | 160,19/10 | | Signatur | e of Debtor 2 | | |
| | Executed on | MM ADD / YYAY | | Execute | d onMM / DD / YYY | y | |
| × | /s/ Elizabeth Placek | | | D-1- | 7/40/0040 | | |
| | Signature of Attorney | v for Debtor(s) | | Date | 7/19/2018 MM / DD / YY | Y | |

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Official Form 113, other than any nonstandard provisions included in Part 8.

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| Debt | or 1 Carl First Name | E. Middle Name | Dobbins Last Name | Case number (if known) | |
|------|---|---|--|---|-------------|
| 16. | Calculate the median | family income that applies to | vou. Follow these steps: | | |
| | 16a. Fill in the state in v | | Illinois | | |
| | 16b. Fill in the number | of people in your household. | 1 | | |
| | | amily income for your state and s | size of | • | \$52,410.00 |
| | household using the link spec | rified in the senarate instructions t | To find a | list of applicable median income amounts, go online also be available at the bankruptcy clerk's office. | |
| 17. | How do the lines com | | ioi tilis loilli. Tilis list may | also be available at the bankruptcy clerk's office. | |
| | 17a. Line 15b is les under 11 U.S. | ss than or equal to line 16c. On th . <i>C. § 1325(b)(3).</i> Go to Part 3. D | he top of page 1 of this fo o NOT fill out <i>Calculation</i> | rm, check box 1, <i>Disposable income is not determined of Disposable Income</i> (Official Form 122C-2). | |
| | — U.S.C. § 1323 | ore than line 16c. On the top of p 5/b)(3). Go to Part 3 and fill out ur current monthly income from l | Calculation of Disposal | box 2, <i>Disposable income is determined under 11</i> le Income (Official Form 122C-2). On line 39 of that | |
| Part | 3: Calculate Your (| Commitment Period Under | 11 U.S.C. §1325(b)(4 | 9) | |
| 18. | THE RESIDENCE TO A CONTRACT OF THE PARTY OF | ge monthly income from line 11 | Manager 4 10 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 | | \$0.00 |
| 19. | Deduct the marital ad commitment period und | ljustment if it applies. If you are der 11 U.S.C. § 1325(b)(4) allows | married, your spouse is r you to deduct part of you | ot filing with you, and you contend that calculating the ir spouse's income, copy the amount from line 13. | |
| | 19a. If the marital adjus | tment does not apply, fill in 0 on | line 19a. | | -\$0.00 |
| | 19b. Subtract line 19a | from line 18. | | | \$0.00 |
| 20. | Calculate your curren | t monthly income for the year. | Follow these steps: | | |
| | 20a. Copy line 19b. | | | | \$0.00 |
| | Multiply by 12 (the | number of months in a year). | | | x 12 |
| | 20b. The result is your of | current monthly income for the ye | ear for this part of the form | | \$0.00 |
| | 20c. Copy the median f | amily income for your state and s | size of household from line | 9 16c. | \$52,410.00 |
| 21. | How do the lines com | pare? | | | |
| | Line 20b is less that commitment period | n line 20c. Unless otherwise orde lis 3 years. Go to Part 4. | ered by the court, on the to | op of page 1 of this form, check box 3, The | |
| | Line 20b is more th | an or equal to line 20c. Unless ot t period is 5 years. Go to Part 4. | therwise ordered by the co | urt, on the top of page 1 of this form, check box | |
| Part | Sign Below | | | | |
| | By signing here, I d | eclare under penalty of perjury tha | at the information on this: | statement and in any attachments is true and correct. | |
| | | (1) | | , | |
| | /s/ Carl Dobl | (000 | X | nature of Debtor 2 | |
| | | TO SEE SEESE | | | |
| | Date 7/19/201 MM/DD/ | | Da | MM/DD/YYYY | |
| | If you checked 17a, If you checked 17b, above. | do NOT fill out or file Form 1220 fill out Form 1220-2 and file it w | C-2. vith this form. On line 39 o | of that form, copy your current monthly income from line | 14 |